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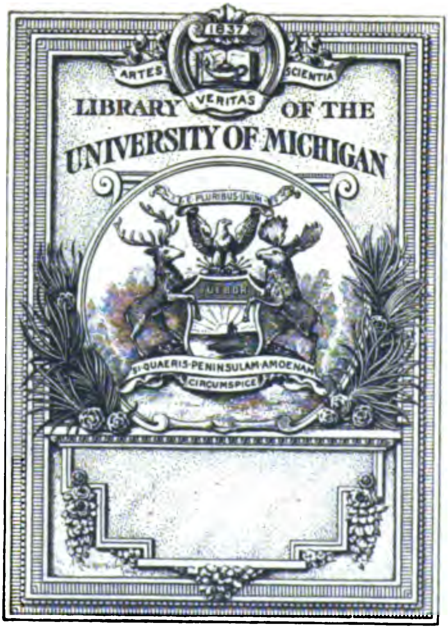
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THE NORTH-WESTERN

MEDICAL AND SURGICAL

JOURNAL:

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THE NORTH-WESTERN
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ORIGINAL COMMUNICATIONS.

Transactions of the Illinois State Medical Society, for the year 1853. "On the Uses of Turpentine; by Samuel Thompson, of Albion, Illinois.

A Dictionary of Practical Medicine, Comprising General Pathology, the Nature and Treatment of Diseases, Morbid Strictures, &c: by James Copland, M. D., F. R. S. Re-published by Harper & Brothers, New York.

"RENDER UNTO CÆSAR THE THINGS THAT ARE CÆSAR'S."

It is probably the first time that these words have been adopted as the motto of a medical critic; they were used by a remarkable person, on a remarkable occasion, and contain a sentiment that ought to influence the heart and conduct of every physician. But, we write it with sorrow, medical literature, and especially medical periodical literature, affords too many examples where the exact superscription of Cæsar has been retained and his image effaced—and more still, where the ideas and practice of one physician have been copied and published by another, without any allusion to the source whence they were borrowed: and in many instances of this dishonorable conduct, ignorance of prior publication would, in our opinion, be less justifiable than openly-confessed plagiarism. No one will deny the truth of these remarks—that they are appropriate, we think, will plainly appear in the sequel. We will briefly state that the preceding remarks are intended to apply generally to the authorities quoted by Dr. Thompson, and not to the Dr. himself, and that we are amongst those who have been benefitted by the doctor's observations at previous meetings of the State Society, and lamented his absence from the last; we admire his energy, professional honor and zeal, and had placed a higher estimate on his medical information than the present article justifies.

The Dr., after enumerating several cases in which he had prescribed turpentine, proceeds: " The first of these recorded cases in which I have used it, bears date 24th July, 1851, and, though I do not now remember upon whose suggestion I was first led to use it in the bold way I have since done, I suspect it was the paper of Dr. Hughes Willshire, in the 12th number of Braithwaite's Retrospect, on its uses in purpura, and wherein he mentions Dr. Copland's view of its modus operandi, to be absorbed into the blood, (Query, the turpentine or Copland's view,) and its thence producing an astringent effect upon the capillary vessels." Dr. Willshire has no article in that No. of the Retrospect, but Dr. Neligan has one on Purpura, in which turpentine in full doses is used and recommended as a remedy in that disease, without any reference to Dr. Copland or his opinion. Nor is Dr. Thompson's description of Copland's view of its modus operandi exactly correct: ' There is much misapprehension as to the operation of full doses of turpentine, given either by the mouth or in enemata; many supposing that they increase vascular action in the brain."

"The reader will perceive, upon perusing the account (published in the *London Med. and Phys. Journal* for May and July, 1821) of the experiments I performed; 1st upon myself; 2ndly on the lower animals, and 3dly in numerous cases of disease—that this substance, given so as to act upon the bowels, either from the largeness of the dose, or by the aid of a purgative conjoined with it, is a powerful derivative from the brain, diminishes vascular action in serous membranes, and *restores lost tone* to the extreme capillaries, especially in exhaling surfaces. The extensive experience I have since had of this medicine, has confirmed these inferences, but has shown that it may be injurious in the hands of those who are not well acquainted with the exact circumstances in which it may be given with advantage."—*Copland's Dictionary*, article Erysipelas, published 1834.

" The chief hindrances to the employment of this substance (Turpentine) are, 1st. A mistaken view of the nature and consequences of its operation; 2d. Its nauseous or unpleasant effects; and 3d. The opinion that it cannot be retained by the stomach when nausea and vomiting are complained of. As to the *first* of these, I can assert that it is, according to the mode of its exhibition, antiphlogistic in acute inflammations, and more efficacious in arresting the progress and consequences of asthenic or diffusive inflammations than any other substance; while it possesses the property of accommodating, by its tonic and astringent operation, the vascular and capillary system to the state and amount of its contents, of lowering the frequency of the pulse, and of restraining effusion from serous and mucous surfaces. That it is unpleasant, and that it is sometimes thrown of the stomach, I admit; but in many such cases it is beneficial nevertheless, its emetic action, independently of the impression produced by it on a vital organ, occasionally being of service, and even actually required. In those cases where the irritability off the stomach is even the greatest, it not only is the most easily retained, but is actually the most efficient remedy for the removal of the irritability, which, in the opinion of many, is the chief reason against a recourse to it. But the exhibition of it by the month is often not the only, and sometimes not the most beneficial way of prescribing it; for it may also be administered in enemata, or applied externally, and occasionally, according to the nature of the case, even more efficaciously than in any other mode."—*Copland.* Art. Puerperal Diseases, published in 1850.

We have here given the first and the last of Dr. C.'s recorded opinion of the effects of full doses of Turpentine in our possession; and the reader by carefully remembering it will be able to see, as we proceed with this review, how applicable it is in many cases apparently of a very opposite character, but "involving similar functional or structural derangements."

Dr. Wood (*Practice of Medicine*, Vol. 1, Page 328) says, "It (turpentine) acts in some measure as a stimulant, but chiefly, I believe, as an alterative to the ulcerated surfaces in the intestinal mucous membrane."

Dr. Smith (*American Journal of Medical Sciences*, July 1850, page 168) remarks, "Turpentine, when taken internally, exerts a peculiar action on the mucous surfaces." After a careful perusal and re-perusal of his more lengthy article in the same journal, page 196, we cannot see that the Dr. has thrown any light, at least any *new light* on the modus operandi of this medicine—he speaks highly of it as a *counter-irritant*, *vermifuge*, *purgative*, *astringent*, and *styptic*—gives an extensive list of diseases in which it has been beneficially employed and in a note records the names of the Physicians who prescribed it. "It would be a useless task (he says) to cite all the cases and all the maladies, in which the admirers of this drug have found it advantageous. Suffice it to say, that in every instance where prejudice has not interfered, and where *ignorance has not prescribed*, this drug has obtained favor and proved itself a faithful friend." Our experience vouches for the truth of these remarks. The article of Willshire referred to by Dr. Thompson is not in our possession, and it would be useless to quote from Pereira as his work is in the library of every Physician who ought to practice medicine.

Dr. Thompson has given a list of diseases, which might have been considerably extended, in which Turpentine has been recommended and administered; and a reference to the systematic and periodical works in which the recommendations may be found. We now propose to take the diseases *seriatim*, and to show that Dr. Copland had previously used the drug in almost every instance; and that he has more clearly and fully stated, than any previous or subsequent writer, the exact pathological condition in each disease requiring the exhibition and use of Turpentine. This will be to us a pleasant task—for the Dr. has long been the "man of our counsel, a lamp unto our feet, and a light unto our path," safely leading us through many intricate and perplexing scenes of professional difficulty. And we trust that many of our readers will be profited by a clear exposition of the circumstances demanding the use of a remedy that, in our hands, has not been inferior to any in saving the human fabric from destruction.

If time and space permit—we shall close our remarks by a record of cases in which Turpentine has been successfully employed in all but hopeless conditions of disease; and we here venture to assert that if there be a medicine which will fortifiy the system against an attack of typhoid fever—*that medicine is Turpentine.*

Our experience of it as a prophylactic is too limited to speak positimely of its efficacy; and yet it is sufficiently extensive to encourage a hope that many cases of this fever may be prevented by a timely and persevering use of it by the healthy, when once the disease gets foothold in a family.

It is of no real practical advantage to the junior practitioner to be told that this or that remedy is recommended in this or that disease, unless at the same time it is plainly shown at what stage of the disease the medicine is required, and what are the peculiar features of the disease in that stage demanding its use; and also, when it is understood, the way in which it acts in curing the disease—or, when it cannot effect this—in arresting its further progress. Now should any of our readers meet with a case of iritis (we have not seen one for over twenty years) and, in consequence of seeing turpentine alluded to as a remedy in that disease, should depend upon it as his main or only agent, he will, most assuredly be wofully disappointed. It was to procure the absorption of effused lymph and prevent the iris adhering to contiguous tissues that Carmichæl used turpentine as a substitute for mercury, and he has precedence in this matter; his work on the use of turpentine in deep-seated inflammation of the eye was published in 1829. But this disease is so rare, that we will pass on to the typhoid pneumonia. Dr. Thompson alludes to one case in Braithwaite's Retrospect for 1840. "Dr. Huss considers the employments of the etherial oil of turpentine to be one of the greatest improvements in the treatment of certain complications of typhoid fever. It is of essential value, he says, in the typhoid form of pneumonia, which is so apt to show itself between the eleventh and the fourteenth day of the disease; particularly in those cases where the debility of the heart's action is announced by the absence or diminution of the first sound of that organ. The weakened heart is then unable to propel the blood through the weakened capillaries of the lungs, congestion ensues, and proceeds to inflammation of a low typhoid kind. The other indications for the employment of turpentine, in this complication, are cough, with viscid and more or less bloody expectoration, dulness on percussion over some portion of the chest, particularly at the back part, with crepitation and tubular or bronchial respiration there." He gave it every hour in small doses.—*British and Foreign Medical Review*, Oct., 1846, page 473.

"*Embrocations* with *spirits of turpentine*, applied over the chest or between the shoulders, are the most valuable remedies that can be used in this form of the disease, and in the advanced stages of the sthenic variety. The best mode of resorting to them is by means of two or three folds of flannel, of sufficient width to cover the greater part of the chest. These should be wrung as dry as possible out of hot water, be instantly sprinkled freely with the spirits of turpentine, and applied to the surface; taking care to cover them, when thus placed on the thorax, with a napkin, oil-skin, or other material which may prevent or much impede evaporation. This embrocation should be kept applied as long as the patient will endure it, or renewed from time to time. Instead of the spirits of turpentine, an embrocation consisting of equal parts of the compound camphor liniment, and of the turpentine liniment, with a little cajeput oil, may, after having been well shaken, be sprinkled on the warm flannel, and applied as thus directed. I believe that the inhalation of the vapor from this embrocation is partly influential in producing the benefit which accrues from it, and which I have witnessed in many cases."—*Copland's Dictionary*, vol. 2nd, page 777 : London edition, and published in 1838. Article, Asthenic Inflammation of the Lungs.

We vouch for the utility of both modes, and have occasionally conjoined them; they are worthy of the attention of every physician who may be called upon to treat this frequently fatal form of Pneumonia. We recollect, some ten years ago, being called to a case of this disease that was considered hopeless by the friends and by the pretender who had been treating him. One tea-spoonful of turpentine was given every three hours, and hot flannels, moistened with turpentine, were applied to the chest, and covered with a piece of oiled newspaper, (our common covering). Occasionally the sheet was thrown over the face, so that the vapor should be thoroughly inhaled; in twelve hours the change for the better was very perceptible and the patient recovered. The pseudo-physician stood by and observed the whole proceeding, and treasured up the supposed information for future use. Some two weeks afterwards he used the remedy in both ways in a case of sthenic pneumonia, with the effect, however, of all but producing suffocation, and aggravating the patient's sufferings ten-fold. We saw him the next day, but he ultimately died. Truly does Dr. Copland observe, "that it may be injurious in the hands of those who are not well acquainted with the exact circumstances in which it may be given with advantage." The hyperæmia of sthenic, and the passive congestion of asthenic inflammation, are widely different pathological conditions, especially when the latter is associated with a truly typhoid state of the system. The state of vital power and vascular action is very dissimilar, and unfortunate, indeed, is it for the patient when the physician does not know it.

(*To be continued.*)

Gunshot Wound. By S. O. Long, M. D.

I was called on the night of April 25, 1852, to visit Mr. H———, some four miles distant, who was shot about an hour previously with a double-barrel gun, five balls taking effect. Present condition: He was covered with blood, very much prostrated, in excruciating pain, perfectly calm, but not expecting to survive the injury he had received. In examining the wounds, I found one ball had struck him on the radial side of the fore-arm, cutting out one of the initials of his name. Another passed through his clothes, abrading the skin several inches on his breast, just below the nipple. The third passed backwards through the superficial muscles of the neck, in the posterior triangle. The fourth about an inch above, through similar parts, and fifth and last ball struck the ramus of the jaw anterior to the ear. Not finding an outlet for this ball, I passed a probe in the orifice extended it under the concha, around the base of the skull to the ligamentum-nuchæ, where I found and extracted the same, by making an incision, which afforded him much relief. The concha and helix were much bruised, as if from the wadding. The hemorrhage which propably proceeded from division of the occipital and posterior auricular arteries, had subsided. Dressed the ear with [illegible] dipped in blood, applied compresses over the track of the balls, also lint moistened with oil, over the ball holes; directed Morphine grs. 2, water ℥ij. a tea-spoonful to be given every half hour, until pain and restlessness were entirely controlled, then every four hours. 26th, patient quiet and easy, directed the above solution as the symptoms required. 27th, patient complains of pain in the head and wounds, face flushed, skin hot and dry, tongue covered with white coat, pulse quick and frequent, urine scanty and high colored. Directed cold applications to the head Sul. mag. ℥i tart-emetic gr. ss., and repeat every three hours, until the bowels move freely, then give two tea-spoonfuls of the following mixture every two hours: Tart. Ant. 1 gr. Nitrate Potash ℥i, and apply the warm water dressing to the wounds. 28th, patient more comfortable, pulse natural, tongue moist and cleaning, surface cool. The sul. mag. et ant. acted freely on the bowels. Directed the ant. and potash every four hours. Appearance of wounds: The ball-hole on the ramus filled with reddish lymph, the track impervious, the incision united; the track of the balls in the neck changed to dark-red color: dressed with stimulating lotion. 30th, patient improving, omitted all medicines. The liquid matter in the orifice of the superior wound had organized. The wounds in the neck assumed a dark yellow color. Treatment the same. May 2d, removed the slough from the wounds on the neck. The wound on the jaw had healed over. Dressed with digestive oint., applied adhesive straps to prevent the wound from gaping, and bandage; directed a generous diet. 3d, wounds suppurated freely, pus laudable, treatment continued. 11th, patient doing well, the wound filled with healthy granulations. Directed the zinc lotion to restrain profuse suppuration. 13th, coated the surface with collodion, which produced a comfortably feeling, and support to the parts: dismissed the patient. June 17th, Mr. H. called and informed me that three weeks before, he had exerted himself in his store, and irritated the parts, and one of the wounds had opened, which presented exuberant pale granulations. I removed the same with the nitrate of silver, and dressed with simple cerate. It healed soundly, and he has since enjoyed good health, and has been engaged in active business.

SELECTIONS.

From the Peninsular Journal of Medicine.

Notes of Travel. By "X."

He that wants to know how a thing is, must go and see it. If you want to know how deep a stream is, there is no way so good as to go and measure it. So lately, upon a time, while jogging about in Michigan and the adjoining states, it occured to me to take the demensions by actual statistics, of that Jordan of Quackery which Behemoth Bullhead "trusteth that he can draw up in his *Corporal* mouth:" for this came Jordan has roared and foamed and sputtered, until many people suppose it to be exceeding deep and mighty, and if the Corporal and the Q. K. army purpose to precipitate themselves into any rash undertaking, we must hold on to their over-valiant coat tails, lest they be "devoured in battle." Moved by these humane considerations I took statistical notes of such places as I visited, or could obtain reliable information about. The brief result of my examination, is, that there is more foam than fact about the quack clans, and any body will do Corporal Bullhead a service, who will get enough of them together into one phalanx, to make it worth his while to charge them. The results of my inquiries may be found in the subjoined table. From various causes the numbers may contain some errors. Changes are frequent, and though but a few weeks have elapsed, removals have by this time, transferred some practitioners, and many quacks, to other locations; then there were men who had partly retired from practice, and it was not easy to say whether they were still to be classed as acting physicians or not; and there were quacks, who held themselves up to practice anything and accommodated themselves to the whims of their patrons, so that it was a matter of difficulty, to know whether to call them Eclectics, Homœopaths, Botanists, or what. On account of these various sources of ambiguity, it was not possible to class them with perfect precision, but as a whole the table must be very nearly accurate. I have placed Homœopaths and Eclectics by themselves, because they boast the loudest of their numerical strength and supposed increase of power. All other quacks I put together under the head "Miscellaneous:"

TABLE.

Places.	*Regulars.*	*Homœopathists.*	*Eclectics.*	*Miscellaneous.*
Detroit,	40	8		6
Dearborn,	2			
Ypsilanti,	6	1		1
Ann Arbor,	7	3		
Dexter,	3	2		
Jackson,	9	2		1
Albion,	8		1	1
Marshall,	7	1	1	1
Galesburg,	2			
Battle Creek,	8	1		3
Kalamazoo,	10	2		
Paw Paw,	3	2		
Niles,	6		1	
Michigan City,	5			1
Laporte, Ia.,	6	1	2	
S. Bend, Ia.,	7	1	4	
Mishawaka; In.,	4		1	
White Pigeon,	2			
Coldwater,	9			3
Jonesville,	3	1		
Hillsdale,	7			
Adrian,	5	1	2	2
Toledo, O.,	12	1		3
Monroe,	8			
Eaton Rapids,	3	1	1	
Lansing,	3			1
Portland,	2			
Sebewa,	1			1
Lyons,	3	1		
Ionia.	4		1	
Lowell,	1			
Grand Rapids,	7	1		1
Middleville,	1			
Hastings,	4			
Schoolcraft,	2			1
Lawrence,	1			1
Breedsville,	1			
Pontiac,	7	1		1
Mt. Clemens,	5			1
Utica,	2			2
Washington,	2			1
Rochester,	3			
Romeo,	3			
Royal Oak,	8			

Places.	*Regulars.*	*Homœopathists.*	*Eclectics.*	*Miscellaneous.*
Birmingham,	3			
Constantine,	5			1
Mottville,	2			
Centreville,	3			
Union City,	4	1	1	
Total,	255	32	15	36

Total of all Practitioners 338.

These places were taken at random as specimens of the territory in which they lie, and probably give a pretty fair view of the relative strength of Quackery in this region. I think the region as a whole, whould not differ very widely from the percentages of the samples here given.

Of the entire number of practitioners, it will be seen by the table that about one in four is a Quack, about one in ten is a Homœopath, and one in twenty-two is an Eclectic.

The local distribution is also a curious point to be observed. Take the line of the Central Railroad from Detroit to Paw Paw, and it may be called the Homœopathic region, they being one-seventh of all the practitioners; while in the remainder they number only one in nineteen.—I commend these facts to the consideration of those who hear the loud boasts of his Homœopathic district, where little pill men talk and roar, as though this little patch of pillets were just on the verge of being a majority of the state. So far as I could discover, Homœopathic seemed to be about stationery in actual numbers, and declining, if compared with the increase of population. I found a considerable number of large places where it had died out entirely.

On the Southern Railroad there is a similar patch of Eclectics. If you take from the table the places from Laporte, (Ind.,) to Adrian, the Eclectics will be found to number about one-seventh of the practitioners, and the Homœopaths one-fifteenth.

The remaining quacks consists of Botanics, Hydropaths, Root Doctors, etc., etc., all of which I have classed under the head "Miscellaneous." I found a small water-cure establishment at Coldwater, but no one seemed to know much about it. I was informed that it had eight or ten patients in it. A case of death by cold water took place there just before I arrived. A Thomsonian doctor, who had become partly converted to Hydropathic, was taken sick. He deemed that his valuable life required the potent virtues of two systems of quackery to save it, so he forthwith swallowed a goodly prescription of red peper and whiskey, and then sent for the Water-Cure doctor to come and treat him. The Hydropath put him in a wet sheet, ordered him to drink very freely of cold water, and left him for the night. Not being very desirous to render to the bar of justice just then his soul's final account, he followed the directions vigorously. The nurse solemnly avers that she brought him two buckets of water in the night, and that he drank it all. How this is, I do not know, but one thing is certain, in the morning he "kicked the bucket," and went to settle his accounts with those of his patients, that had gone from his treatment to the other world before him. I saw in the same vicinity, a young man with a hopeless disease of the heart, brought on by cardiac rheumatism, transferred to that organ from other parts by cold water applications.

Those who watch the signs of the times in our profession, may, by help of the above table, mark one thing. The success of quack systems, is limited, localised, and interrupted by interference with each other: there is competition in the market, and *pathy* stocks must fall. There is a law of their rise and decline, which cannot be evaded. Once, patent medicines were all the rage, and enormous fortunes realized for a time, by those who got them early enough into the market to get a universal circulation. This started up thousands of other nostrums-inventors from every corner of the land; each anxious to make a huge fortune by puffing his remedy into use. But this could not last. Secret remedies were no longer wonderful when every newspaper advertised fifty. In such a crowd, no one could be distinguished, so the whole fell into disrepute, and although abundance of nostrums are sold, their day of glory is over. The same principles now hold in regard to *pathies.* It is the day of *system of remedies* now, the next natural step after the day of *single* remedies. But these are already too many to gain the highest glory,—they do not any of them go up with such eclat as did Brandreth's Pills,—and the machinery of propulsion for keeping them in motion is necessarily more ponderous and slow, but the principle is the same. If one *pathy* shines, a dozen more will spring up to share its money-making, and though they will live longer than patent medicines, their end is the same,—by multiplication they destroy each other He that at this day invents a new quack system of practice, is a scoundrel it is true, but he is doing the world service. These are some of my hasty thoughts after surveying the field. I have dwelt entirely in my statistics on *numerical* strength, because that can be estimated in numbers, but the impression that remains upon my mind, of the intellectual and moral power of the profession of this region, as a body, cannot be thus expressed. There is in it a peculiar aspect of cool and calm strength, overlying an amount of science and attainment, and backed up by solid elements of power and influence, that make vapory nonsense of the clamors of our enemies. I can but be rejoiced at the present even, and exult for the coming future.

From the Southern Journal.

Are the Subjects of Convulsion and of Anesthesia conscious?

Hypocrates in one of his aphorisms says that a person suffering pain without realizing it, is in very great danger. This assertion of the great observer, should not be permitted to pass without attention or with that smile of complacency with which the remark has been met by some, in whose presence it has been repeated. There may be simplicity in the affirmation, that pain exists without the knowledge or consciousness of the affected individual, but it is believed nevertheless to be an actual fact, by more than a moiety of the correct observers of animal functions, and human sufferings

The question has been discussed, indeed the ground has been assumed, that the individual subject of surgical manipulation and under the influence of ether, chloroform, or any of the analogous agents, is not actually void of pain, or destitute of consciousness of its existence; but like the inebriated man, who acts consciously from the impulse of the moment, yet, when free from the agent which has produced the impression, all recollection—memory—is dead—the same as if the pain had not existed, the act had never been committed.

So too in convulsions, the practitioner has often from the stimulous of his own desire to know, as well as the sympathy or curiosity of by-standers or friends, to speculate as to the positive experience of suffering by his patient. For the most part, from the fact, that after the convulsive seizure has passed off the patient has no knowledge, no rememberance of the circumstances which had given to others so much cause for uneasiness, the question has summarily answered that though rigid and relaxed, spasmed and distorted, contorted and awfully tossed by the convulsive power, yet the patient did not positively suffer—had no knowledge of the agony endured, as evidenced during the continuance of active eclamptive. Such an opinion has been the comfort of the writer, who believes that it has been his misfortune to see more of convulsion than any one of his age in practice, until he was forced to entertain doubt.

The man with his senses bewildered, mind clouded, and sentiments debased by the influence of alcoholic drinks, may receive a castigation or a serious personal or physical wound, and cry out with lamentations and groans, and yet not be able after the poisonous influence has been permitted to die away, to tell when or how it was received—indeed may never know unless informed by others that he has submitted to an indignity, or by the blood and wound that he has met with an accident, or received an injury. And again, these things may occur and the memory, when the individual is first passing into a normal condition, will preserve very faintly the impression made at the moment of occurrence. This has been observed very frequently though possibly not reflected upon by every one in this country, where unfortunately the opportunity is so often presented, by the unwise and illiberal perversions of the use of alcohol.

The same has been observed by every one who has employed the anesthetic agents to any extent. Patients have during operations given every evidence that they suffered all the torment known to be inseparable from the particular operation, and yet, after all has been accomplished, and the mind permitted to resume its throne, have no remembrance of anything during the moments passed under anesthetic influence; while others have a dim recollection of circumstances as they occurred, or of the circumstances somewhat perverted.

Is this not the case with persons under convulsive attacks? A case has presented to the writer's observation, which impressed him with peculiar force.

An interesting boy aged about three years, was observed by his parents to be unwell. Having lost two or three children by very sudden spasms, their fears were active, and the physician was promptly summoned. On examination no wireness or tension of the pulse, or nervous twitchings of the tendons could be discovered and the apprehensions were attempted to be allayed. After a few moments he was observed to bend his head to one side and down towards a shoulder. His mother asked him " what's the matter," to which he replied very faintly, "nothing." This was repeated three times, the same answer given twice, but no notice whatever the third time. But a very few moments elapsed, when he was seized with a most violent and general convulsion, distorting his countenance and affecting the muscles of his whole body and limbs; lasting for full fifteen minutes actively, when it passed off, leaving him in a listless, and apparently unconscious state for full half an hour longer. At the end of this period he opened his eyes, looked round, threw himself his full length, and very languidly exclaimed " what a hard ride that was I had on the wagon." It was indeed a hard ride, in a rough wagon, over a rough road; for I believe, though I have seen them of a longer duration, I have never seen a more violent action than that convulsion; and I am sorry to believe that the little fellow knew his sufferings, during their continuance, though he remembered them but for a few moments immediately after their subsidence.

The case I have thought to be worthy of record as a fact, which ay with others, establish a conclusion something like positive, if will not in itself settle a principle.

Sept. 10, '53. F. A. RAMSEY.

From the Medical Examiner.

Case of Precocious Development of the Sexual System in a Female Child. By Charles Wilson, M. D., of New Berlin, Union Co,, Pa.

In Nov. 1850, while residing at Selin's Grove, in this county, I was called several miles into the country, at night, to see a case of croup. After the little sufferer was relieved and I was about to depart, the mother of the child requested me to prescribe for a daughter who had been in ill health for several weeks, on account of a suppression of the menses. I replied that as it depended altogether upon the state or condition of health her daughter was in, it would be necessary for me to see her before I could precribe an appropriate remedy. So then stated that her daughter was not yet six years old, and was so bashful that I could get nothing out of her, nor would she remain in my presence. On many naturally expressing much surprise at what she related, and in answer to my earnest questions. the mother gave me the following history of her daughter's case:

Mary Ann G—— was born in March, 1845. There was nothing remarkable observed in the child at birth, but the unusual size of the mammæ, which were "as large as hen's eggs;" they increased rapidly, and at the fifth month had attained the size of a girl at puperty. The mother at this time noticed the child's diaper stained with blood, and upon examination, ascertained that it proceeded from the genitals. This discharge continued two days. In five months subsequently,—the tenth month of her age,—this discharge reappeared snd continued for three days. After this it came on every three months, until she was four years old, when it did not appear at she accustomed time. The child fell into bad health and had the usual ailings of females laboring under a suppression. After using various remedies, she was again regular at the seventh monrh from the first period, when she immediately regained her former good health. Her menses, however, have since then appeared only every seven month; they continue, and have done so for several years, five days. Now, however, her time to be regulated has passed for some weeks without a show, and she again suffers bad health, for which I am consulted.

On expressing an anxious desire to the father to see and examine the child, he gratified me by leading the way to her chamber, where she lay on her bed asleep, and completely exposed her. She was about the ordinary stature of children of her age, but unusually heavy set and fat. Her breasts were about the size of a *well developed* adult virgin's, of which her father said she used to feel very prod, and take boastful airs on herself with the little playmates, but latterly has become shy and avoids any notice of or allusion to them by others. The pudendum was thinly covered with black hair, and altogether she presented the appearance of a girl after the age of puperty.

In answer to my interrogatory, whether she ever manifested any amorous predilections for the other sex, the father replied that he had observed none.

I prescribed for this anomalous little creature, but heard nothing more of her, as her parents shortly afterwards removed to another residence.

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From the Peninsular Journal of Medicine.

Silk instead of Sponge for Laryngeal Peobangs. By J. H. B.

Having had occasion to use topical remedies within my own vocal organs, I was surprised at the apparent harshness of the finest sponge I could procure, and was induced to try a ball of silk floss or ravelihgs, well fastened by sewing through-and-through loosely. It holds sufficient of any solution, and does not produce as much involuntary contraction as a sponge; hence it can be passed through the "rima glottidis" in most patients, in the first or second application to the throat, whereas a sponge often requires repeated trials, and is more painful than is necessary.

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Fom the N. H. Journal of Medicine.

Alum as an Emetic.

Dr. C. D. Meigs used Alum successfully to rid the stomach of opium taken the destroy life. An ounce of powdered opium had been swallowed; thirty grs. sulphate of zinc had been given without the slightest effect; two hours after "the patient was in a somnolent condition." "One ounce of powdered alum was immediately procured, and one half of it, mixed with a little syrup, was given to the patient, and followed in a few minutes by two or three tumblers of warm water, when copious vomiting ensued, by which a free discharge of the contents of the stomach was induced." The remedy was repeated, and the patient entirely recovered.

From the "Medical Chronicle".

Traumatic Emphysema. By WALTER HENRY, M. D., Inspector General of Military Hospitals, &c.

I have read with interest a good case of traumatic emphysema from broken ribs, well treated and well described, in the November number of the Chronicle. Having had a good deal of experience in such cases, and also in more serious ones, where a ball or a pointed weapon wounds the lungs, I send you a few brief remarks on the subject, hoping that a communication from an old medical campaigner in the Peninsula may not be unacceptable.

Fracture of the ribs, with emphysema, is generally, and where great violence has not been the cause, more formidable in appearance than reality. To an inexperienced surgeon, the sight of a main in great pain and distress, breathing with difficulty and with his chest inflated like a barrel, is very alarming. Every bystander, of course, considers the case quite hopeless; yet, in the majority of such instances, there is no great danger. Under judicious treatment, adapted to the opposite conditions of collapse and reaction, restricting the action of the external respiratory muscles, and making the breathing as much phrenic as possible, with the employment of suitable medicines, nature soon effects a cure.

The first thing usually done after recovery from the immediate shock, is to apply a bandage round the chest; and, under ordinary circumstances, and when there is no hæmorrhage from the mouth, this is, doubtless, quite right. But it should be borne in mind, that a common calico or linen bandage, however scientifically applied, will soon slacken, cease to confine the chest effectually, and become nearly useless for the chief purpose of its employment. As soon, therefore, as the patient is removed to his own residence, or an hospital, a hempen or coarse linen vest, doubled, should be prepared and put on, which must be tightly fitted, and sewed, or laced down the back, and have straps to support it over the shoulders. This appears to me to be almost indispensable to the proper treatment of the case.

It is true that in some instances this constriction cannot be borne, being incompatible with respiration from the first; and in others it must be relaxed when inflammatory symptoms set in, even at the expense of disturbing the process of reunion in the broken ribs: still it is the most effectual treatment, but may be modified according to the state of the case, and the requirements of urgent symptoms.

When air is extensively diffused through the sub-cutaneous cellular tissues, and the patient is elderly or cachectic, the capillary circulation is so much impeded by its pressure, that the skin becomes cold, and of a livid, or nearly livid color, threatening gangrene. This is a most dangerous symptom, and the worst result is to be apprehended. I have only seen two instances of this bad description, both of which ended fatally, though stimulating liniments, gentle local friction, warm flannels, and appropriate constitutional treatment were sedulously employed.

In cases where there is no danger of this kind, friction and liniments are also useful in hastening the absorption of the extravasated air. Emphysema occassionally disappears rapidly, and I have seen a chest nearly one-fourth larger than usual restored to its normal dimensions in a single night. The precise *modus operandi* of this absorption is as mysterious as marvellous. The air cannot be supposed to re-enter the wounded bronchi, which have contracted, and a healing process is going on in them. The lymphatics, it must be supposed, are inadequate to absorption on this scale. It is difficult to believe that the veins are the agents, because we know, that air in any great quantity in these vessels destroys life. Cases have occurred where the internal jugular vein has been wounded during the excision of a deep-seated cervical tumor, in which the suction of a gulp of air has been audible, and instantly fatal. When emphysema suddenly disappears, many cubic inches of air must have been absorbed in a few hours, and I believe that physiology has not yet settled how this is accomplished, nor some other difficulties of the process of absorption generally.

I have never seen emphysema of the chest unaccompained by costal fracture or a wound; but we know from the authorities that this sometimes happens. Yet in some of the recorded cases, including the squeeze from an elephant, quoted in the article referred to, there is reason to suspect that undetected costal fracture may have taken place. Under certain circumstances of extensive emphysema, the crepitus of a broken rib may be very indistinct amidst the crepitus of the integuments. Limited, and what we may call idiopathic, emphysema has been caused occasionally by the violent efforts of puerperal women in restraining their breath.

This extravasation is not a very unusual accompaniment of sword and bayonet thrusts, and also, but more seldom, of bullet wounds. In the course of the Peninsular War, and the Nepaulese War in India, I have seen and treated many such cases, of which reports were forwarded to the proper authorities at the time. After a lapse of 35 years, or thereabouts, it is impossible to recollect them with distinctness; but my impression is that the presence of emphysema was considered a subordinate matter, and little regarded. It was even supposed, that when air thus found its way to the surface, there was less risk of hæmorrhage and internal inflammation. In these cases, friction and stimulating unctuous applications were employed, and when the emphysema was extensive, and the skin tense, scarifications were attended with much benefit.

Of one case I retain a vivid recollection, because the patient was a friend and brother officer. He was wounded in one of the actions in the Pyrenees in July, 1813, by a musket ball, which passed deeply into the right lung and there remained. There was profuse hæmorrhage from the mouth immediately, with dreadful dyspnœa, and extensive emphysema over the upper part of the body. For the first three days he was in a most dangerous state, half suffocated, and only kept alive by frequent bleedings. During this time he lost more than two hundred ounces of blood, besides of the hæmorrhage.

My patient is now a General officer, residing in the south of England, in good health. He still carries the ball in his chest, where it has become encysted, nature having made a nest for it and the bits of cloth it carried in. It appears to rest upon the diaphragm, and the only inconvenience experienced from its presence is when sudden or violent bodily exertion is made; then alarming phrenic spasms occur. On this account the General, who was always fond of riding, although he still mounts his horse, cannot canter nor trot with any comfort.

A case of emphysema from broken ribs, very remarkable on account of the attending circumstances, occurred in Quebec in 1836. A soldier of the 66th Regiment, named Ramsay, was sitting on the outer edge of the rampart of the Citadel, gazing at the first spring ships coming round Point Levy. The place where he sat was immediately above the precipice, rising from the Lower Town, where there was no ditch nor glacis. By some carelessness he lost his balance and fell, first to the foot of the rampart, thirty-five feet, and then tumbled from rock to rock three hundred feet more, until he alighted on the roof of a house in Champlain Street.

I was then Surgeon of the 66th, and hastened to see the poor fellow. He was alive, but pulseless and insensible, and apparently dying. There were many bad cuts and lacerations over the body, from which the blood was still issuing; the chest and back were swollen and emphysematous, through which I could perceive the crepitus of broken ribs, though I could discover no fracture of the skull, nor other bones. After an hour's labor in restoring consciousness he at length recovered his senses, and was able to swallow a little brandy and water. I then proceeded to make a more careful examination of his body, and was pulling up his shirt for this purpose, when, after two or three deep sighs, he found utterance. It is natural to suppose that an expression of gratitude for his wonderful escape would have been his first exclamation, but poor Ramsay had other thoughts. His first words were, "*Ah, Doctor dear, dinna tear my sark!*"

This man had three of his right ribs broken, besides a large number of minor injuries. No doubt the numerous rocks projecting from the precipice broke his fall, and probably saved his life. His clothes were nearly cut to pieces, and each of these rents and tears was, no doubt, a quantity, however small, in the sum of resistance to the force of gravity. Besides, it is probable that the ribs were broken by the first fall to the foot of the rampart, when emphysema would take place. He was thus furnished with an elastic integument round the upper part of the body, which would, to a certain extent, defend him in his perilous descent, besides diminishing his specific gravity.

Ramsay was carefully removed to the Regimental Hospital, where his case excited much interest. In the evening there was great reaction, with high pyrexia and dyspnœa, such as might be expected under the circumstances, and large bleeding was required to subdue the inflammation. But after passing through a dangerous week, he finally recovered without permanent weakness or injury in the chest, and was discharged from hospital in about a month.

Montreal, Nov. 7, 1858.

From the Medical Times.

Elimination of Lead by Iodide of Potassium. Reported to the Biological Society by J. Outram, Jun, Lecturer on Chemistry in the New York Preparatory School of Medicine.

The value of iodide of potassium, as a therapeutical agent in cases of lead and mercurial poisoning, is now well known, many cases having been cured by this treatment alone, in our hospitals. M. Melsens (the originator of this treatment) has given several cases of both lead and mercurial poisoning, which he had treated successfully by this means. He was of opinion that the metal was acted upon by the iodide of potassium converted into a soluble salt, and eliminated through the kidneys. To prove this to be the case, the metal must of course be found in the urine. This M. Melsens did not show, as he did not examine the urine chemically.

I have lately had an opportunity of examine the urine of several patients at the City Hospital, who have been under the above treatment for lead disease, and the experiments have entirely corroborated M. Melsens' theory, viz. :

That the lead *is not* eliminated before treatment; and,

That it is eliminated in the urine after treatment.

The following is the process to which I subjected the urine. I evaporated it to dryness, and burned the residue until all the organic matter was driven off. This residue I boiled in dilute nitric acid, filtered, and then precipitated the lead by a stream of sulphureted hydrogen gas. Where the metal was present, it was thrown down as a black sulphuret.

I examined a number of samples of urine before the patients had been put on M. Melsens' treatment, and could not detect any trace of metal; while in those examined after treatment, the evidences of the metal were well marked. Sometimes, however, the lead could not be detected until the patient had been under treatment for some time. In most of the cases in which I detected the metal, the patients had been under treatment for at least four days; but in one case, which I examined every second or third day, from the time of his admission into the Hospital, it was about two weeks from the time of his being put on treatment till the time I first detected the metal in his urine. The dose of iodide of potassium that was given in those cases was ʒi daily, in divided doses.

There was one patient to whom iodide of potassium was given for another case. After a few days, the characteristic blue line appeared on the gums, and, in a day or two afterwards, I detected lead in his urine.

The quantity of urine examined each time was not less than six ounces. I have examined twelve cases from the Hospital, and three or four from private practice, and all of them with highly satisfactory results.

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External Stimulus in Cholera.

The resources of professional judgment in the treatment of Cholera are not so numerous and efficient as to render a somewhat novel remedy unacceptable to those whose lot it may be to undertake the charge of many cases. I am indebted to a lady of heroic mind and great intelligence for the hints which led me to adopt in the collapse of cholera the powerful external stimulus which I shall presently describe. It appears that in the most desperate cases, even when life has appeared extinct, the native Indians are accustomed to apply the actual cautery freely to the abdomen, not unfrequently with the happy result of restored vitality. The remedy, based on the same principle, which I have employed in three cases with complete success in the Borough Jail of Newcastle, is precisely similar in kind, though somewhat less harsh and formidable in degree. A piece of linen dipped in brandy is placed over the epigastrium or abdomen, and ignited; the brandy burns away in a minute or so, producing a considerable feeling of pain, which renders it necessary to secure the hands of the patient. Slight vesication will probably follow, and, if successful, in a short time heart and pulse begin to return, and the feelings of the patient are greatly improved; vomiting will also generally be put a stop to. It is probable that the application may soon require repetition, the situation being somewhat varied. In one case, now convalescent, in which death was apparently close at hand, the most complete effect was produced by a third application along the spine in the lumbar region Time will not permit to give details of cases, but having now tried the "brandy blister" in seven or eight cases of total collapse, I repeat that in three it has been entirely successful, and in others has had the effect of temporarily rousing the patients; and if, as experience has taught me, in some of these it had been repeated with more energy, greater success might possibly have resulted. The patients now convalescent say that it is a severe remedy, but are quite conscious of its beneficial effects, and attribute to its use, without any hesitation, their restoration from impending death.—*Mr. Greenhow in Lancet.*

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From the Peninsular Journal of Medicine.

Aphonia of Four Years' Standing, cured by Electro-Magnetism. By F. K. BAYLEY, M.D., Almont.

Mrs. S——, aged 78, in the spring of 1849, had a severe attack of Bronchitis, which was relieved by appropriate treatment.

On regaining her general strength, however, her voice was at times very hoarse, and at the close of the day it was difficult to speak loud at all. In the course of six months from the first attack, there was a complete Aphonia, which continued until last April.

At that time she was induced to make trial of Electro-Magnetism. In a few days after this means was tried, her voice became more distinct, but very rough at first. In the course of a week or two speech was natural, and has continued until the present time.

The favorable result in this case may lead to the use of Electro-Magnetism in other affections produced by want of proper innervation. I will add, the apparatus used was one manufactured by Charles Crosman, Detroit.

October, 1853.

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[From the N. H. Journal of Medicine.

'ase of Poisoning by Opium.—New Mode of Inducing Vomiting.

MR. EDITOR:—Mrs. S., æt. 30, previously in good health, while in a passion, induced by some domestic feud, procured and swallowed from ʒv to ʒviij. of tinct. opii. In a short time she be- me quite stupid. The poison had been swallowed forty-five mi- tes, when I arrived, and she had taken large draughts of tepid ter, and mustard.

She was quite stupid; cerebral vessels distended; face flushed, and could walk only with the assistance of two persons. Wishes to be left alone, that she may go to sleep. While held erect, her head falls to one side, and she breathes with some difficulty.

Ordered an emetic of pul. ipecac and pul. sinapis, aa. ʒij. in tepid water, to be followed by several tumblers of water, the head to be showered with cold water. No vomiting occurred in thirty minutes. Repeated the emetic. Introduced a feather into the œsophagus. Waited fifteen minutes; no relief; symptoms more grave. Ordered two tumblers of diluted vinegar, to be immediately followed by ʒij. of carb. potassa, in water. A powerful effervescence took place, which instantly produced most copious vomiting.

This is a new remedy with me in such cases, and one attended with most desirable results. It may answer instead of the stomach pump in many cases. If you think the case of sufficient interest, it is at your service for the Journal.

JAMES M. NYE.

Lynn, Mass. Nov. 17, 1853.

(We recollect reading some years since, a case similar to the above; if our memory serves us right, in that case the patient, (from insensibility or obstinacy,) could not or would not swallow; the solution of alkali and the vinegar were injected into the Stomach through a tube; they were used in large quantities, and got up quite an impromptu "spouting fountain." In that case as in this, the result was satisfactory.—ED.)

From the Medical Examiner.

Extract from a Report of the Standing Committee on Surgery, read before the Kentucky State Medical Society, Oct. 1853. By JOSHUA FLINT, Professor.

The passion for operating, always sufficiently conspicuous in miscellaneous practice, has displayed itself, at different times, with appalling recklessness, in the conduct of specialities, and gathered its bloody laurels under favor of a present infatuation or panic respecting a particular form of disease. The *circulatores* of the middle ages, and the *emasculatores* of the eighteenth century, present remarkable illustrations of surgery run mad, in times past, while the *myotomists*, the *ovariotomists*, and the *womb-burners* of our own day, may fairly contend for the distinction of furnishing a modern parallel.

A tempting field for indulging the 'rage for cruel and bloody operations,' which Dr. Lee says 'has spread far and wide in England, and threatens to pervert and corrupt the sound and fundamental doctrines of British practice,' is found in the treatment of morbid growths and malignant degenerations presenting themselves in the form of tumors, on the surface or in the cavities of the body. In the management of these diseases, a class of questions arises, the determination of which often involves the character of surgery in general, as well as that of the practitioner immediately interested, and exhibits, in signal contrast, the sound, conservative surgery of science, and that flippant, reckless counterfeit of it, that rests in artisanship.

In the midst of these perplexing questions of diagnosis and treatment, with which such cases often confound the most competent practitioner, the true surgeon pauses, watches, consults, palliates, and perhaps cures—the hero of the scalpel cuts the gordian knot, and with it, perhaps, the life-thread of the patient.

No grave operation should be undertaken upon a mere vague *hope* of success. The prudent and consciencious surgeon will act upon nothing short of a reasonable probability of definity and sufficient advantage to the patient, at a compensation for the pain and injury inflicted on him.

But the patient will certainly die if something be not done. With all deference, my enterprising friend, you must not say that so positively, and even if it were undoubtedly true, I must be allowed to add, it is none of your business. If you have any mode or means of relief for the sufferer, proceed, at once, to employ it, under the general responsibility of the healing-art—responsibilities the force of which can neither be augmented nor diminished by your conjectures about the duration of the patient's life. The Supreme author and arbiter of life has reserved all knowledge, on that subject, to himself; but has given a solemn lesson of its sacredness in his sight, in that august command—addressed as well to the surgeon as to the highwayman—"Thou shalt not kill."

EDITORIAL.

A Treatise on the Venereal Disease. By John Hunter. F. R. S., with copious additions by Phillip Ricord, Surgeon of the Hospital du Midi, Paris, etc., edited with notes by Freeman J. Bumstead, M. D., New York. Blanchard & Lea, Philadelphia, 1853.

SIXTEEN years have elapsed since the publication of the American edition of Hunter, on the Venereal disease, with Babbington's notes: during this period much has been added to our knowledge by Ricord, of Paris, and Acton of London. In the work before us we have the extensive experience and critical observation of the best syphilographists of the day added to the sagacity of the father of modern surgery—the wisdom of Hippocrates, and the polished expression of Celsus. Although many of the views of Hunter are now obsolete, he has nevertheless left us a splendid monument of untiring industry and speculative genius.

On comparing the first American with the present edition, we find the original method has been strictly regarded: the annotations of Babbington, the additions of Ricord and the American editor have been judiciously inserted in the respective chapters and subdivisions. In part IV. chap. I., we have the fullest exposition of M. Ricord's views; next in part VI., chapt. I., and in part III. chap. XIV. and XV. he has given us valuable matter on gonorrheal opthalmia, and gonorrheal rheumatism. Much could not be expected from the American editor, save a clear translation and proper arrangement of his material; the few notes he has added show his task has been performed with judgment. Those opinions of Hunter, which have stood the test of nearly a century, need but a passing notice, and will be cited, chiefly, to corroborate or refute the authority of his successors.

Ricord substantially denies the proposition of Hunter and Babbington, that gonorrhœa may be communicated to the woman before it has appeared in the man. Mr. Babbington extends his peculiar views to chancre, and says that infection may take place from a simple chancrous thickening, although no ulceration whatever is present. Ricord explains this in the following manner. "Chancres may be developed on a follicle in the cellular tissue or on the superficial lymphatic vessels, and be accompanied by surrounding induration which encloses them in a sort of shell or cyst. Under these circumstances they may appear to be simple indurations without suppuration, whilst during sexual intercourse the walls of the abscess gape. The pus escapes and communicates the disease, which is wrongfully attributed to a consecutive ulceration." We think this reasoning ingenious, if not demonstrably correct.

The Hunterian doctrine, that the poison of syphilis and gonorrhœa are the same, has been refuted. Although we have the valuable monographs of Tode, Hernaudez, Swediaur, Bell and Duncan, no clear summary of facts had been given until the publication of Ricord's experiments. The following are the results of the experience of more than twenty years :

I. *Whenever muco-pus is taken from a surface free from ulcerations—no matter what the previous symptoms may have been, the seat of the disease, its duration or its intensity—the results of its artificial inoculation are negative, in whatever tissue the experiment is made.*

II. *The existence of a mere ulceration, without distinction of kind upon mucous surfaces affected with a running, is not sufficient to produce chancre.*

III. *When I take muco-pus or pure pus from a mucous surface that I have not previously explored, and unable to obtain positive result by inoculation, I am forced to infer the existence of a concealed chancre.*

On this interesting subject the editor quotes from the recent work of M. Vidal, well known as one of Ricord's bitterest opponents. He says, "the *most frequent* and *effective cause* of gonorrhœa is virulent pus. * * * "It is difficult to distinguish the two, but if you can satisfy yourself that there was true incubation in the case, and if the discharge tends to a chronic state, you will incline to believe it specific, and *vice versa;* and if syphilitic symptoms afterwards appear, the diagnosis will be plain." Hunter, in writing on the difficulty of distinguishing the virulent from the simple gonorrhœa, doubts very much the possibility of a person getting a fresh gonorrhœa while he has that disease; this is fallacious, for experience teaches us that repeated attacks cause a proclivity to infection, therefore, *a fortiorii,* we are right in assuming that an individual with gonorrhœa may contract the disease afresh.

Different men are differently affected, one may cohabit with one particular woman who is diseased and escape, another may shortly follow and contract a clap. We have seen several cases of men *diseased* by wives who were perfectly chaste, but suffering from vaginal irritation, increased during *coitus.* In such individuals there is unusual susceptibility of the whole mucous system, and the slightest atmospheric change is sufficient to produce *coryza* or *bronchitis.* One case which came under our notice, recently could not be distinguished in its inception from the most aggravated form of specific disease; its disappearance, however, in a week proved its benign character.

Of the cure of gonorrhœa: Hunter tells us to have in view the possibility of some of the matter being absorbed, and afterwards appearing in the form of Lues venerea. It would be supererogatory to say that no treatment directed to such an end could be more erroneous, and should any surgeon at the present day advocate such a course, he would meet with censure if not ridicule.

Ricord gives the result of his experience in the treatment of gonorrhœa, which he considers definitively local in its character. "The pretended danger of a rapid cure or of driving in the discharge is imaginary, and the contrary proposition may be proved, viz.: the more rapid the cure, the more speedy security from complications."

He divides his abortive treatment into the *direct* and *indirect;* under the former head he places the nitrate of silver; under the latter copaiba and leeches. He uses a quantity of the nitrate which our experience convinces us is entirely too small. We prefer Carmichæl's solution, ten grains to the ounce, and have used as high as thirty, with less pain and inconvenience to the patient than two or three grains. There are individuals however of irritable constitution who cannot bear this active treatment, it is therefore obligatory on the surgeon to exercise judgment and discrimination.

Neither Ricord nor the editor mention the treatment of gonorrhœa by chloride of zinc injections, in proportion of one grain of the salt to an ounce of water. When the disease has passed to the second stage, Ricord uses copaiba and cubebs in combination, but does not accord to the latter all the virtues ascribed to it by Sir Astley Cooper; he agrees with Cullerier that there is something peculiar in the action of these agents on the *diseased* urethral membrane and that gonorrhœal discharges from the lower part of the rectum are not affected by them.

There are individuals on whom the usual remedies have little or no effect—the disease running on mitigated, but unchecked. In these we have usually found, on passing a bougie, a tender spot in the prostatic portion of the urethra. Our treatment of these cases is cauterization and the internal administration of the *Diosma crenato* (Buchu), combined with the tincture of the sesquichloride of iron. We fully agree with Ricord that the doses of copaiba usually given are entirely too small; we believe, too, that it is useless to protract its use beyond a fortnight or three weeks.

The editor informs us that it is exeedingly difficult to make the stomach tolerate the chief remedial agent—copaiba; he advises the formula of Velpeau, Vidal, Maissoneuve; had he consulted the London Lancet for Nov. 6, 1852, he would have found a description of the admirable *copahine mege capsules*, by M. Jozeau.

In the treatment of chordee Ricord uses pills of camphor and opium; when these are not successful he advises compression of the prepuce in front of the gland, first proposed by Dr. Sistock. Nothing is said about a medicine which has recently been used with much success in this troublesome affection, we refer to Lupulin; this should be given in doses of ten to fifteen grains in a little syrup, it possesses the advantage over other anaphrodisiacs that it causes no headache or constipation, and does not give rise to nervousness or any other unpleasant consequence.

The editor has appended to Ricord's treatment of epididymitis, a description of the operation of Velpeau of incising the tunica vaginalis, and that of Petit revived by Vidal of incising the body of the testicle. Vidal says, "in spite of the prejudices against this operation, he has performed it four hundred times without any bad result, and that it is always harmless if the incisions be confined to three-fourths of an inch in length."

In part III. chapter II., we have the treatment of strictures of the urethral canal. The different methods are taken up *seriatim*. Hunter informs us that the time a bougie should remain in the passage must be determined by the feelings of the patient; for it should never give pain if possible.

We have seen but few cases in which the bougie could not be used if properly handled; an injection of cold water, if the stricture be not very tight, with tincture of hyosciamus or tincture of opium into the rectum will reduce the morbid irritability of the parts. The different plans of dilatation of Mayor, Ducamp, Chrestien, Lallemand, and Velpeau are cursorily reviewed by Ricord: he prefers, however, Hunter's method of gradual dilatation. We must be guided in our treatment by the condition of the patient—it is not easy to lay down any invariable rule for the use of the bougie. In several obstinate cases of old standing strictures, we have succeeded in effecting a satisfactory cure by the following method: We take a metallic bougie of a size that will pass readily, and allow it to remain with the penis in a depending position until it falls out; then another of a larger size is introduced, and allowed to remain until its weight overcomes the contractile power of the stricture; this is repeated at first every day, after a while twice a day, until the largest size will pass. Combined with this instrumental treatment, we use as a resolvent the *unguentum hydragyri fortior*, rubbed up with camphor, and applied with friction along the urethra externally, while the bougie remains within the canal. After the instrument has been introduced two or three times, there will be aggravation of the discharge which before *mucoid* becomes *muco-purulent*; at the same time there may be chordee—these, however, will pass off in the progress of the cure.

The use of caustic, which is so highly lauded by Whately, is recommended by Hunter only in those cases where the stricture cannot be passed; in its application Ricord prefers Lallemaud's instrument; his editor should have noticed the improvement on it by Thompson, of London, which we think has greater merit than the original. In the treatment of strictures by incision, Ricord rejects the instruments of Amussat, Segalas, Leroy d'Etiole, Tanchou, Guillon, Reybard, etc., all of which have some merit, and substitutes one of his own, which is figured in plate III. Finally, Ricord gives as a succinct account of Mr. Syme's operation by external incision. Our space will not admit us to consider at length this subject, which has brought upon its originator the thunders of the London school. We think it uncertain, and only to be performed in extreme cases of retention of urine. For interesting information on this subject we refer our readers to Mr. Syme's papers in the Edinburgh Medical and Surgical Journal, and to a paper by Mr. Guthrie in the London Laucet for June, 1851, and one by Mr. Simon in Ranking's Abstract, Vol. VIII.

Ricord has contributed valuable additions on the cause, course, and treatment of gonorrhœal opthalmia, and gonorrheal rheumatism; he divides the opthalmic disease into direct and sympathetic. In speaking of its treatment he has overlooked Tyrell's plan of incisions of the cornea, and leeches around the eye. Gonorrhœal rheumatism was first recognized by Swediaur; it is frequently caused by the too free use of antiblenuorhagics; repercussion; it is rare during the first week. The predisposing causes are cold and moisture. The *femoro tibiol* articulation is most frequently attacked in men, and, according to Cloquet and the *coxo-femoral* in women. The affected joint swells from effusion into the synorial cavity, in other words it is a subacute *hydrathus*. The remedies are the same as for common rheumatism.

There is an affection of the corpus cavernosum, the result of gonorrhœa, which was first described by Henry James Johnson, of London, and is not noticed by the editor; after observing this omission, we cannot give him as much credit for research as we had wished.

In part IV. chapter I., we have the subject of chancre discussed. Ricord in his addition asserts what he has before taught, that there can be no constitutional syphilis without a primary sore, except through hereditary transmission—that chancres, wherever situated, furnish specific and contagious pus. The results of artificial inoculation are more certain than the effects of ordinary contagion; and virulent pus which has been preserved a long time in tubes, may be inoculated like vaccine virus. Ricord denies what Hunter asserts, that there is a period of incubation for chancres; he lays down the proposition that *induration is a certain proof that the system is contaminated.* Our space will not allow us to discuss the mooted question of the unity or plurality of the syphilitic virus. We believe in the existence of one virus, which may be modified in the constitution of different individuals. Ricord, page 290, lays down the following unexceptionable rules: "*There are two things to be considered in the cure of a chancre, first—the cicatrization or disappearance of the ulcer; secondly—the state of the tissues beneath it. A cure is really affected only when the induration disappears. An indurated chancre which cicatrizes very rapidly will be followed by constitutional symptoms as well as one which continues a longer time; with it a more indurated chancre, which is as long or even longer in getting well than the former, will cause nothing of the kind. Induration being requisite for the production of the constitutional phenomena of syphilis, no matter how long the primary ulcer lasts.*

In page 292, we are informed by Ricord that secondary symptoms have rarely if ever followed chancres which were destroyed before the fifth or sixth day after the infecting coitus. He refutes the charge that cauterisation favors the development of buboes.

The use of mercury in chancre is discussed in page 315, et seq. —A more rational course of treatment has supplanted the empirical mode of the early syphilographists. This subject has caused much controversy between the army and the civil surgeons of Great Britain; the former beginning with Dr. Hennen, have almost exclusively rejected mercurials; the latter use them in nearly every case. Mr. Rose, surgeon [illegible] Guards in London, treated a large * number of his men on the non-mercurial plan with decided success, only three requiring the old treatment. On the other hand Lawrence, Brodie, Cooper, Abernethy, Delpech, etc., deem mercury indispensable. Ricord and the French School, generally, are opposed to mercury for simple chancre. We think there is an intermediate course which the judgment of a skilfull surgeon will lead him to follow. He should remember the advice given by Phœbus to Phœton—"If you ascend too high, you will burn the heavenly mansions; if you descend too low, you will burn the earth to ashes; do not drive to the right, you will there meet with the constellation of the serpent; avoid going too much to the left, you will there fall in contact with that of the altar; keep in the middle."

In military practice our experience enables us to say that the non-mercurial treatment is more suitable than in civil practice. Men are more under control and cleanliness can be better enforced. We have seen simple chancres become phagedenic under mercury, and we believe that bubœs will oftener follow chancre when treated with it than without it—there is, however, the indurated chancre which always requires it.

Ricord, in opposition to Hunter, who makes but one kind of bubo, makes seven. We have space to notice but a few of these. *Primary syphilitic*, this has always a chancre for its antecedent. *Non-consecutive*, whose only antecedent is sexual intercourse without any primary symptoms: inoculable pus cannot be obtained from it. *Benignant*, which follows gonorrhœa. *Constitutional or Secondary*, is identical in its nature with other manifestations of constitutional syphilis, as swellings of the cervical ganglia, etc.

In the abortive treatment of bubœs, Ricord advises compression; this we have found can rarely be borne. Malapert proposed cauterization of the superimposed integument, we believe, this is seldom successful. If a bubo is indolent, we prefer the strong mercurical ointment, combined with camphor, rubbed in twice daily for three consecutive days.

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* Having mislaid our notes we cannot give the figures.

In opening a bubo, we think caustic is to be preferred, unless it is quite small; it then heals from the bottom, and there is no superfluous skin left.

In the division of syphilitic symptoms Hunter and Ricord agree. The primary ulcer rarely lasts long enough for tertiary symptoms to be developed; and the treatment which modifies the secondary symptoms and keeps them under its influence so long as its action lasts may not have the least prophylactic effect on the tertiary symptoms.

We now come to a most interesting branch of syphilography—cutaneous affections. Hunter divided them into *tubercle*, seated in the sebaceous glands; it first appears as a small hard substance like a pea, the inflammation quickly extends from beneath to the surface, sometimes it ulcerates and acquires the characteristic brownish tint. *Lichen*, consisting of small acuminated pimples, some of which imperfectly suppurate.

Psoriasis and Lepra. The scaly eruptions are very common in venereal disease; there is but little difference between them when arising from other causes.

Rupia. This begins on the surface of the cutis and sometimes resembles ulcerating tubercles.

Modern Dematologists divide syphilitic cutaneous disease into *exanthematous*, *papular*, *squamous*, *vesicular*, *pustular*, *and ulcerous.* Syphilitic eruptions occur in those, who have taken no mercury for an indurated chancre. The parts of the body affected are in the following order—on the trunk and extremities, about the genital organs, scalp, face, sole of the foot, and palm of the hand—and the external meatus auditorius. The peculiar form of the primary ulcer has no influence on the value of the secondary acception. Ricord goes so far as to say there is not a single variety of cutaneous affection which may not be produced by syphilitic virus.

Among the heriditary diseases none so justly deserve the title as syphilis; while yet the child is in embryo, it may become infected through the constitution of the mother; it may, too, receive syphilitic infection from the sire. "If either parent, or both have the symptoms of constitutional syphilis, whether developed or undeveloped, the disease will show itself on the infant a few weeks after birth. There is a disease which Paul Dubois has recently noticed as due to constitutional syphilis in infants—*pemphigus*; this is often difficult to distinguish from the ordinary disease by the same name.

The treatment of infantile syphilis, requires considerable care. We prefer that of Brodie to all others. He advises mercurial ointment spread over a flannel roller and wound around the child's body: the restlessness and kicking of the child causes irritation of cuticle and thus facilitates the absorption of the mercury. When given in this way, it does not either gripe or purge, nor does it cause sore gums.

Under the head of tertiary syphilis, Ricord places syphilitic *sarcocele* so well described by Bell, Cooper and Dupuytren, and denied by Hunter. Ricord gives it the name of *albuginitis*. He considers it one of the first symptoms of tertiary syphilis. It may appear after several months, and it may be postponed for years. This disease is stated in the tunica albuginia of the testicle: the epididymis and vas deferens are not often involved unless the patient has had gonorrhœal *epididymitis*. The slightest exciting cause, as a blow or strain, in an individual suffering from constitutional syphilis, may prove an exciting cause. Sometimes this affection of the testicle begins with atrophy; indeed, Vidal thinks the gland may become atrophied without any previous lesion. Constitutional syphilis alone being both the predisposing and the exciting cause. Ricord says the mistake of this assertion may be accounted for by the knowledge that partial *albuginitis* may occur without becoming so large, or so painful as to excite the attention of the patient. Ricord says, "*it may be laid down as a rule, that whenever syphilis alone acts on the testicle, suppuration never occurs; tubercular tumours of the scrotum, like other syphititic tubercles of the cellular tissue can alone suppurate.*" We may here advert to the animosity existing between Ricord and Vidal, and would advise our readers to take *cum grano salis*, whatever reciprocal contradiction they may make.

Ricord gives some judicious rules for administering mercury. 'Give it internally when the digestive organs are in good condition; if the stomach will not tolerate it, use inunction; if both stomach and skin are irritable, we should combine the two methods. If the patient cannot be brought under its influence by these methods, we should use fumigation. If after a week the patient's constitution shows no sign of favorable change, the dose should be increased. Mercury has been found in nearly all the tissues after death; M. Regnand, of Toulon, found it in the brain, M. Grassi, of the Hospital du Midi, found it in the suppurating surface of the left anterior lobe of the cerebrum; M. Chevalier says it does not pass into the milk of nurses, while Barruel found it in the breasts of a female who died of puerperal peritonitis.

The editor has appended to Ricord's observations on tertiary syphilis, an abstract from a Thesis recently published in Paris, on syphilitic disease of the lungs. The author, M. Lagneau, has collected fifty-three cases in which syphilis was the "unequivocal" cause of the existing changes. M. M. Depaul, Dubois and Gubler have observed abscesses of the thymus gland, coincident with pemphigus, *neo natorum*, and syphilitic disease of the liver, consisting in the exaltation of fibro-plastic matter, the result of preexisting inflammation.

It is well known that M. Ricord is a strenuous advocate for the use of Iodine in tertiary syphilis, he has, however, become more exclusive than formerly. That it is a valuable medicine we will not deny, but we would ask our readers who may peruse this work to keep before them the Horatian maxim, *Nullius addicta jurare in verba magistri.* Absolutism in medicine is the offspring of French institutions; eclecticism is the child of our own soil. We have seen those who were utterly confounded, when iodine failed, because they had learned no other treatment. There is a medicine which M. Ricord does not notice; we refer to the decoction of Zittm n We have used this extensively in a large elumosynary institution, both as a remedial agent, *per se*, and as an adjuvant to the iodine treatment, and we are satisfied with its *autrophic* powers.

The following is a *resume* of this very intractable form of syphilis. Iodide of Pottassium beginning with doses of two scruples a day, in decoction of hops or sarsaparilla, its effects on the dejective organs, and its producing a kind of ptylaism should not be overlooked. *

When the tertiary and secondary stages run into each other, a condition which is readily recognised by the presence of deep tubercles of the skin, and mucous membranes, the protoiodide of mercury is to be given. In the squamous eruptions use an ointment of tar and cerate in the proportion of one part of the former to three of the latter.

In part VI., chap. V., Ricord has given some judicious advice on the *prophylaxis* of the venereal disease. As it is more particularly adapted to the meridian of Paris, we will not transcribe it: but would refer those, whose libidinous propensities are uncontrollable to it for perusal. We are glad to see a book containing so much varied and valuable information within reach of all medical men, and we hope they will avail themselves of its useful precepts. The translator of Ricord's additions has done his duty well, and given us for pure Gallic, the vigorous Anglo Saxon. The typography is respectable and the lithographic plates are excellent.

For sale by Keen & Bro's. W. H. T

Experimental Researches applied to Physiology and Pathology. By E. Brown-Sequard, M.D., P. etc., New York. H. Bailliere, No. 290 Broadway.

We have received this little work from the publisher. The articles which it contains have already appeared in the Medical Examiner and are now collected and presented to the profession in a permanent form. The experiments of this distinguished physiologist have been regarded with much interest by the profession in this country.

The article on the treatment of epilipsy we publish entire. Our readers will remember that in our last volume we published a paper from Dr. Marshall Hall on this disease. It will be seen that our Author fully sustains Dr. Hall's views:

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* Atrophy of the breast and testies has been said by Mr. Hill (Edinburgh Medical Journal Vol. XXV.,) to have resulted from its use. We believe the charge unfounded.

I have made numerous experiments with regard to the treatment of this dreadful affection, and I intend to publish them, in extenso, when some points that are still obscure have become clear to my mind. Here I will merely relate some of the most important results of my researches. As I have had the opportunity during the last three or four years of observing every day a great many animals (more than a hundred) which had a convulsive affection resembling epilepsy very much, I have been able to discover some very interesting facts, among which are the following:

1st. For each epileptic animal, the number of fits, in a given time, is generally in a direct proportion with the quantity of food taken.

2d. There is an inverse proportion between the amount of exercise and the number of fits.

3d. Cauterisation of the mucous membrane of the larynx is able either to cure or to relieve these epileptic animals.

The convulsive affection existing in almost all these animals was the consequence of a transversal section of a lateral half of the spinal cord, in the dorsal or in the lumber region.

I have already published the results of my experiments on epilepsy, in my lectures before large classes of Physicians and Medical students, both in France in 1851 and in this country in 1852.

These results are in perfect accordance with the views of Dr. Marshall Hall in relation to epilepsy. As the views of this eminent biologist are generally known, I need not expose them, and I will merely remind my readers of the three following points:

1st. The first muscles that contract spasmodically in almost all, if not all, the cases of epileptic fits, are those of the larynx and the neck; 2nd, spasms of the glottis taking place then, produces suffocation, in consequence of which convulsions are produced in the trunk and the limbs; 3d, tracheotomy may prevent these convulsions by preventing suffocation, and it is known that in some cases tracheotomy has cured epilepsy.

It has been objected to Marshall Hall that in cases of poisoning by strychnine, convulsions take place even when a tracheal tube renders respiration perfectly free. This objection has no value, because the state of the spinal cord in epileptics is not the same as in men or animals poisoned by strychnine. Certainly the excitability of the spinal cord is greater in epileptics than in healthy persons, but the degree of excitability of that nervous centre is much greater in persons poisoned by strychnine than in epileptics; and, therefore, it is easy to understand that certain excitations are le to produce general convulsions in one case and not in the her.

we give a very slight dose of strychnine to an animal, so as t poison it, but merely to increase slightly the excitability of the spinal cord, there are no convulsions when we touch or pinch or burn the skin, but if we prevent breathing for a few seconds only, general convulsions take place, exactly as in epileptic men or animals.

It has been said also, in opposition to Marshall Hall, that a spasm of the glottis of the severest kind occurs in cases of hooping cough, of spasmodic croup and even of apoplexy, without the occurrence of any other convulsions. The answer to this objection is, that in epilepsy the spinal cord is more excitable than in these other diseases, so that the same kind of excitation does not produce the same effect.

A great many facts, that I will publish elsewhere, prove that black blood, very probable by its carbonic acid, is an excitant of the spinal cord and of the medulla oblongata. When, as is the case in asphyxia, the blood is not oxygenated and deprived of the carbonic acid constantly produced in it, or received by it from different tissues, then the excitation made on these nervous centres becomes so powerful that convulsions are produced. This is found in men and animals, even in perfect health. If the asphyxia is incomplete. convulsions are not produced, unless the excitability of the spinal cord is greater than usual, and this is the case in epileptics.

In November, 1851, at the *Ecole Pratique*, of Paris, I published for the first time, before a class of about forty young Physicians and Medical students, the results of my experiments as regards the cauterization of the larynx in epilepsy. About eight months after, Dr. Eben Watson published a paper* in which he says: "The treatment I would now propose instead of tracheotomy is simply the application of a solution of nitrate of silver, varying in strength with the requirements of the case, to the glottis of the patient, with the view of diminishing the nervous excitability of the part in question. A similar treatment has been found by me remarkably successful in alleviating and removing, in a short time, the susceptibility of the patient to laryngysmus, in cases of hooping cough, and of spasmodic croup (*laryngysmus stridulus*,) nor can I see any reason why a similar result should not ensue in chronic cases of epilepsy."

The reasons given by Dr. E. Watson are partly the same by which I had been led long before him to perform the operation he suggests. But I had also some other reasons. It is perfectly known, in the actual state of Medical Science, that the greatest changes may be produced in the nervous centres, as well as in the nerves, by a very strong excitation of the termination of the nervous fibres in the skin or the mucous membranes. On this principle are founded many modes of treatment of some diseases of the spinal cord and of neuralgia. The application of caustics, blisters, cupping, hot iron, etc., is based on this principle. In accordance with it I am inclined to believe that epilepsy might be cured by a mere application of a hot iron to the skin of the neck; at least I have had two guinea-pigs cured after such an application, repeated three or four times.

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* Remarks on Dr. M. Hall's theory of the relation of Laryngysmus to Epilepsy. In London Journal of Medicine, July, 1852, pp. 641–43.

The operation of tracheotomy proposed by Marshall Hallhas proved successful in some cases. But it is a dangerous operation, and if it is proved that another one much slighter can produce the same good effects, it ought not to be practised.

That other operation is the cauterization of the larynx; it prevents the closure of the glottis, and thus is able to cure or to relieve epileptic patients as well as it cures some other diseases. Every learned physician knows that it is sufficient to cauterize the larynx once or twice to cure hooping cough in almost every case.

When the cause of the epileptic fits is excessive, and when the spinal cord is very excitable, to allow free breathing merely will not be sufficient to prevent the general convulsions. But their violence, if respiration is free, will be deprived of all the effect that would be produced by the excitation of black blood if breathing did not take place.

The distinction made between organic and inorganic epilepsy has not the importance that some writers seem to admit. There are alterations in the nervous system in both cases, and the only difference is that these alterations can be easily seen with the naked eye in one case and not in the other. I ought to point out that the cases of epilepsy in animals, which I have cured, although the apparent and primitive cause of the disease, *i. e.* a section of a lateral half of the spinal cord, continued to exist.

The cauterisation of the larynx on these animals was made every day, or every other day, and sometimes during two or three months. In some cases, the relief having been immediate, the cauterisation was made only twice a week. One of the animals experimented on was cured after three or four cauterisations; but the number of cauterisations necessary has been generally very much greater. When I left France in February, 1852, I had cured about a third of the animals treated by this method; and all the others, except two or three, had been very much relieved, and certainly many of them would have been cured if the treatment had been prolonged.

I know that an animal was cured, not only by the absence of spontaneous fits, but when I could not produce a fit by giving

> great pain. I had found that on any epileptic animal, except immediately after a paroxysm, I could very easily produce a fit by exciting pain and more particularly by pinching or burning the skin of the face or neck. So that I am authorised to believe that when a fit was not produced by pinching or burning the face, it was because epilepsy had ceased to exist.
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> Some physicians in this country have already tried on men the mode of treatment that I have found so successful on animals. From what I know of the results of their attempt, it seems to me that man is like animals in this respect. There has not been yet a complete curation; but, except in one case, there has been a very considerable diminution in the frequency and the intensity of the fits.
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> As physicians who have to treat epileptics, have not to make experiments, but to cure by making use of all the best means together, I think that the treatment of epilepsy ought not to consist merely of the cauterisation of the larynx. The plan of treatment I should suggest is the following:
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> 1st. A cauterisation of the larynx with a strong solution of nitrate of silver, (at least 60 grains to the ounce,) every day, for at least five or sixs weeks.
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> 2d. A cauterisation of the skin of the neck over the spine, with a hot iron, once a fortnight, for about two or three months.
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> 3d. Exercise and gymnastics.
>
> 4th. Make use of oxide of zinc or ammoniated copper, remedies which a very respectable physician of Geneva, [Switzerland] Dr. Herpin, has found successful in many cases, when their dose has been considerable.*
>
> 5th. If in a fit of epileptic the suffocation is very considerable, the operation of tracheotomy ought then to be performed immediately.

Our author maintains that the apparantly spontaneous contractions ocurring during life and after death, are due to a stimulu sbrought in contact with the contractile tissues by means of the circulation. He has found that these contractions are much more marked during asphyxia. From this fact, and other reasons, he has been led to believe that the force of the hearts action is increased during asphyxia at least for a short time. Our author details a series of experiments tending to establish the same fact, from all of which he concludes that "black blood, by its carbonic acid, is an excitant of the beatings of the heart. If, now, we adduce to these facts all those I have related in a preceding article, on the apparently spontaneous contractions in all the contractile tissues of the body, we shall have a very considerable number of facts, proving that, during asphyxia, there is an accumulation in the blood of the principle which causes these contractions. I believe that it is almost impossible to deny that this principle is the carbonic acid gas."

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* See his admirable work: *Du Pronostic et du Traitement de l'Epilepsy*. Paris, 1852. Ouvrage couronne par l'Institut de France.

This book is a true exemplification of the maxim *Multum in Parvo.* J.

* * *

An address delivered before the Pennsylvania Society of Dental Surgery, by ELISHA TOWNSEND, D. D. S., *etc. Opening address delivered before the Society of the Alumni of the Baltimore College of Dental Surgery, by* E. TOWNSEND, D. D. S.

WE are under obligations to Dr. ELDER for a copy of each of the above productions.

Dentistry has already become a science as well as an art. Some of the best minds in our country are engaged in the study and practice of it, correcting irregularities and repairing deficiencies in the teeth, by applying the known laws of physiological science. An interesting feature in the history of Dentistry at the present day is the establishment of Colleges of Dental Surgery, where a regular and systematic course of study can be pursued, when the young man is taught not only how to extract and perform other mechanical operations on the teeth, but the anatomy of the strictures with which he has to deal; the relation they bear to other near and remote parts of the system; the diseases to which they are subject, their therapeutical indications, and the remedies appropriate for removing them. The superiority of the dentist thus educated over the mere tooth extractor is of the same character as that of the surgeon of the present day, well instructed in the art and skilled in the science of his profession, over the barber, whose only merit consists in knowing how to bleed, and leech, and cup.

Dental like general surgery, to accomplish its highest mission, must be conservative, it must seek not to mutilate but to save from mutilation. In reference to this subject, Dr. TOWNSEND very appropriately remarks:

The Dental Surgeon should remember that every time he extracts a tooth, he acknowledges against himself, or against his profession, or against both together. that he cannot cure, and therefore must mutilate. I repeat, it is the imperfection of our art, that we must extract at all.

It may be, indeed, in the very nature of things, impossible to avoid it in any conceivable state of knowlege; still that necessity will ever stand as a professional defect, and all progress, consists in diminshing that necessity. I am not ashamed of my workmanship, nor do I refuse the credit it gives me, but the man who will teach me how to save a tooth, that I am now obliged to sacrifice, is my master in the science of Dentistry, without the proof of any other claim, and I gladly yield him the post of honor.

It is in this regard, in the preservation, the cure, the prevention of disease, that general and thorough medical science becomes available, and takes the rank I would assign it in Dental Surgery.

The teeth are a part, and no mean or very remote part of the general organization, their sensibility is delicate, though subdued, and their liability to disease. *itself* indicates their acute activity of life. In the proportion of this sensibility and liability, as well as of their functional importance, they are interlinked by active sympathies with the entire frame. Disease in distantly situated, but nearly related organs, affects them symptomatically, and their original derangements react again upon associated organs. The entire digestive apparatus is involved in these connections, by direct functional relation. Dyspepsia has been unsuccessfully treated, and teeth have been erroneously and needlessly extracted, in ignorance or neglect of this mutual dependency. Indeed, the man who has not remedied tooth-ache by emetics, cathartics, and other medicinal appliances, to the primæ viæ, has either had but little practice in dentistry, or deserved to have still less. I have taken an obvious instance to represent a principle.

There are many less familiar connections, and many, doubtless, quite unknown, in which general science would prove available in our branch of remedial practice. Besides, idiopathic affections of the teeth and gums, are themselves diseases, and their treatment supposes an acquaintance with the laws of life, both healthy and abnormal, and with hygienic and therapeutic principles. I would have every Dentist go in debt to the other branches of medicine for all they can confer upon him, and than repay it all by some worthy contribution of discovery in remedial treatment to the general stock.

Did our limits permit, we should be glad to make still further extracts. The above is sufficient to show the liberal spirit with which this department of professional labor is at the present day pursued, and the earnestness with which the distinguished author of those addresses is endeavoring to advance the interest and elevate the standard of attainments in dental surgery. J.

Medical Jurisprudence. By Alfred S. Taylor, M. D., F. R. S., etc., edited with additions, by Edward Hartshorne, M. D. etc. Philadelphia: Blanchard & Lea, 1854.

THE third American from the fourth London edition of Dr. Taylor's very valuable work has been received from the publishers. There is not attached in this country the degree of interest to Medical Jurisprudence that there is in England. Here it is very seldom the case that coroners are chosen from the medical profession, and we are satisfied that there is not generally that careful scrutiny in reference to the cause of death in cases of inquest that there would be, were the examinations conducted by well educated medical men. There is more importance attached in this country to those medico-legal questions of a civil, or if criminal not of a capital nature.

The subject of poisons is treated of very fully and explicitly, the tests for the different articles usually made use of minutely and carefully described, and their effects on the system clearly and accurately pointed out.

The relation which the physician sustains to the community renders it obligatory upon him to be always prepared, not only to apply the resources of our science in relieving the suffering and restoring them to health, but also in detecting crime, bringing the offender to justice, and in assisting the proper officers in determining the moral responsibility of the insane. In order that these trusts may be met, no physician should remain ignorant in regard to those subjects on which he is liable at any day to be questioned before our legal tribunals. For the benefit of the accused, for the interest of society, and for the honor of the profession he should qualify himself to give an intelligent and correct opinion whenever his knowledge shall be required by the State or by the individual.

We have been led to these reflections from a conviction of the fact, that often the criminal has escaped unwhipt of justice, while the innocent has been punished, that the insane have been imprisoned, while these feigning insanity have been tenderly cared for in an asylum, either from the ignorance of medical witnesses or from the low estimate placed by juries and judges on medical testimony. We cannot wonder that this is the case, when we remember that our laws recognize no difference between the self-constituted doctor, the man who affixes the title to his name, but is destitute of every qualification; and him who, laboring earnestly and patiently, has won a right to the title, and received as a sanction to his practice and a guarantee for his knowledge the approbation of medical schools, or of regularly organized medical societies. We do not insist that every man shall have a diploma, but that physicians are the proper persons to judge of the qualifications necessary to the practice of the *ars medendi.* The most miserable pretenders are paraded in our courts of justice, insulting our juries, mocking our judges, and jeopardizing the lives and liberties of our citizens by their ignorance and stupidity. Medical witnesses are too often chosen, not in consequence of their acknowledged skill and attainments, but with reference to the nature of the testimony which they are expected to give, whether favorable or otherwise. The result of all this is, that our profession is injured in the estimation of the law and of the public. The adverse opinions and conflicting testimony so frequently produced, gives rise to the idea, that in medicine there is nothing certain, that there are no fixed principles. We know of no remedy for this, unless it be for all who would claim respectability in our profession to obtain a real and not a fictitious knowledge, basing our claims, like the lawyer and the divine, upon what we are able to perform, while at the same time we avail ourselves of every legitimate means for discouraging quackery and pretension, and for diffusing among the people that amount of medical knowledge which will prepare them, not to be their own doctors, but to exercise a discrimination in their choice of physicians to enable them to recognise and appreciate real attainments.

But we have wandered away from Dr. Taylor's book, which by the way we would recommend to all who are desirous of becoming well prepared for this part of professional duty.

For sale by D. B. Cooke & Co., 135 Lake st. J.

Knox County Medical Society.

In accordance with previous notice, Knox Co. Medical Society met on the 9th instant, at Henderson.

The rcll being called, four of the members were absent. The case of those absent at the preceding meeting being next taken up, the causes of non-attendance which were offered, were deemed sufficient grounds for absence.

On invitation of the society, Dr. J. L. Fifield of Victoria, became a member.

On recommendation of the president the following committees were appointed, with orders to prepare written reports upon the subject assigned to them; to be read at the next meeting of the society, viz.: Drs. Duncan, Edgerton and Spalding, to report on the epidemics most prevalent in the vicinity; Drs. Lane and Fifield, to report upon the state of the profession in the county; Drs. Cooper and Brewer, to report upon the subject of quackery. The society then entered into a spirited discussion relative to the propriety of striking a line of demarcation between the members of this society, and those members of the profession in the vicinity who refuse to attach themselves to it. It was finally left to the option of the committee on the "state of the profession in the vicinity," to report on this subject, as they might see fit. The society next proceeded to a report of cases. Allusion was made to the recent dysenteric epidemic which has prevailed, during the last season at Berwick. Dr. Spalding reported the phenomena, which were present in the disease as witnessed by himself. The disease seems in a few cases to have supervened upon measles, yet in the majority of instances, appears to have been idiopathic in character. The attention of the society was next directed to the treatment of dysentery in general.

On motion, the society instructed the secretary to forward a copy of the proceedings of this meeting for publication in the *Knoxville Journal* and in the *North Western Med. and Surg. Journal.*

On motion, the society adjourned to meet again at Galesburg, at its next quarterly meeting.

J. W. SPALDING, M.D., Pres't.

L. C. LANE, M.D., Sec.

HENDERSON, Oct. 9th, 1853.

◆

The American Medical Association.

The seventh annual meeting of the American Medical Association will be held in the city of St. Louis, on Tuesday, May 2nd, 1854.

The secretaries of all societies, and all other bodies entitled to representation in the association, are requested to foward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*,—and it is *earnestly* desired by the committee of arrangements that the appointments be made at as early a period as possible.

The following are extracts from Art. 2nd of the constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the priviledge of sending two delegates,—and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

"Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the last meeting of the association held in New York, in May, 1853.

E. S. LEMOINE,
One of the Secretaries.

The Medical Press of the United States is respectfully requested to copy the foregoing.

◆

A Practical Treatise on Diseases of Children. By D. Francis Condie, M. D., etc., fourth edition revised and improved. Philadelphia: Blanchard & Lea, 1854.

Dr. CONDIE's work has been in the hands of the profession for some time, and the fact that a fourth edition has been called for, is sufficient evidence that its value is appreciated.

The present edition is fully equal in mechanical execution to any which has preceded it.

For sale by D. B. Cooke & Co., 135 Lake st. J.

◆

General Therapeutics and Materia Medica. By Robley Dunglison, M. D., etc., fifth edition, revised and improved. Philadelphia: Blanchard & Lea, 1854.

THE *pharmacological* portions of the present edition have been thoroughly revised. The size of the volumes is increased. It is printed on good paper and is handsomely bound.

For sale by Keen & Bro's, Chicago. J.

◆

The Practice of Surgery. By James Miller, F. R. S. E., F. R. C. S. E., etc., third American frôm the second Edinburgh edition, edited by W. T. Surgent, M. D. etc. Philadelphia : Blanchard & Lea, 1854.

THE principles of surgery by the same author have been previously noticed in this Journal. We have no hesitation in recommending this work to the favorable notice of our readers. The two volumes, although separate treatises, form together a complete system of surgery, in our opinion the best that has yet been issued from the English or American press.

In regard to the mechanical execution, it will be sufficient to state, that it is in the best style of those veteran medical publishers whose imprint it bears.

For sale by D. B. Cooke & Co., 135, Lake St. J.

TOULON, STARK CO., ILL.
January 6, 1854.

To the Editors of the North-Western Medical and Surgical Journal:

GENTLEMEN:—I have sent you a portion of some remarks on the medicinal use of Turpentine, based on various articles in "Copland's Dictionary of Practical Medicine," and a paper in the last Vol. of Transactions of our State society by Dr. Samuel Thompson. The manner, adopted to convey my ideas on the various subjects that will be introduced, was deliberatively chosen; and I trust the article will be permitted to appear in the journal without mutilation or material change. My motive in writing the paper will plainly appear in the sequel. I will also in this place request your numerous readers to send me an account of any unusual or interesting cases of Midwifery that have occured or may occur in their practice up to the first of next May. The Constitution of our State Society closely confines the Committee on Obstetrics within narrow limits. I shall not hesitate to break over the bounds if by so doing an interesting and practically-useful report can be produced .Every case sent to me shall be duly acknowledged and my thanks cheerfully given.

I remain truly yours
THOMAS HALL, M.D., M.R.C.S., L.A.C.,
And Chairman of Committee on Obstetrics.

THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. III. FEBRUARY, 1854. NO. 2.

ORIGINAL COMMUNICATIONS.

Transactions of the Illinois State Medical Society, for the year 1853. "On the Uses of Turpentine; by Samuel Thompson, M.D., of Albion, Illinois.

A Dictionary of Practical Medicine, Comprising General Pathology, the Nature and Treatment of Diseases, Morbid Strictures, &c: by James Copland, M. D., F. R. S. Re-published by Harper & Brothers, New York.

"RENDER UNTO CÆSAR THE THINGS THAT ARE CÆSAR S."

(*Continued from last Number.*)

Dr. Thompson refers to one case of amaurosis in Braithwaite's Retrospect, January, 1852:

"The success which has resulted from the exhibition of the oil of turpentine in iritis, induced me to prescribe it, after depletions, in two cases of this form of amaurosis; (amaurosis from inflammation of the retina and internal parts of the eye,) and with satisfactory results in both. In persons far advanced in life, in scrofulous subjects, and in debilitated persons, this oil is certainly a less hazardous medicine than the mercury exhibited so as to effect the system." Copland op. cit., vol. 1, page 6: 1831. We have no experience in the use of the remedy in this disease.

Before we close our observations on the applicability of Turpentine to ophthalmic diseases it may not be altogether irrelevant to place on record a few cases of chronic purulent ophthalmia cured by the direct application of the oil of Turpentine to the inflamed mucous membrane. The cases were particularly obstinate and resisted all our efforts to cure. After the lapse of a few weeks from making our last prescription we met one of the worst cases perfectly cured, and before asking any questions had inwardly rejoiced at the full success of our last remedy; but we were quickly enlighted on the matter by the patient telling us that he had cured himself by the use of Turpentine. "Did it not make your eyes smart badly?" we asked "Smart, why yes--like h--ll--but what of that—in an hour I could open my eyes, and keep them open, and in four or five days were as you now see them." He then told me that the other cases in the neighbourhood were all cured by the same means, and that the man who advised him to use it said that it cured all the cases (*I think*, in Ohio,) that the Drs. could not. Briggs, who translated Scarpa's celebrated work, recommended the application of a few drops of Turpentine to the anurous membrane when the discharge was profuse. We have not tried it and very much question whether the patients would submit to it, if recommended or applied by a Physician; but at the same time, judging from analogy, we should have no doubt of its utility in this class of diseases.

We think, that had Dr. Thompson searched a little more, instead of finding but one author who had recommended turpentine for tænia—he would have had some little difficulty in finding one, who has not advised the use of it, and who has alluded to the subject, at least amongst writers whose works are not over thirty years old. When we commenced the study of medicine, thirty-four years ago, Dr. Thomas (the modern practice of physic,) was the author, whose opinions on medical subjects generally guided the mass of British practitioners, and he refers to it as being *recently* used and recommended in cases of tænia; he is now laid upon the shelf, but every subsequent writer that we know of, alludes to the same remedy for the same worm We well recollect seeing two ounces given to a man suspected of being troubled with a tapeworm in the year 1823 or 1824, in a public institution. The patient first became talkative and merry, and he left the dispensary in a state somewhat similar to intoxication. He returned with a dozen oranges, which he gave to the other apprentice, and on his hesitating to receive them, was immediately knocked down. We had some difficulty in calming the man, and the next day he stoutly denied having any knowledge of the affray. So far as the worm was concerned, it had no effect, it is possible there was not any there, for the physicians were mere theorists, and appeared to us to care more about experimenting with new remedies than judiciously using old ones. In connection with this subject, we clearly recollect reading somewhere, that turpentine had been used for tænia long before the period that Thomas published his work, but had fallen into disuse, until, some one took it experimentally and dislodged the worm, but the article, probably containing nothing practically useful, is not noticed in our general index, and consequently we cannot refer the reader to it.

Hemorrhage is the next disease alluded to by Dr. Thompson, and one of the most important in the list, and, when it occurs under certain conditions, is, in our opinion, more easily and certainly arrested by turpentine, than by any other remedy, or combination of remedies. Of course, we do not intend to claim for Dr. Copland priority of use as a styptic, but this article on Hemorrhage was published long before Mr. Vincent gave his opinion to the world, and referred to by Dr. Thompson, or Dr. Budd delivered his lecture, published in the *Medical Times* and reprinted, in part, in the *American Journal of Medical Sciencies*, for October, 1850, page 473; but overlooked by Dr. Thompson, and to which we here refer our readers. It is a good article in the main; the opinion of Hunter, Vincent, and the author is given, but no reference to Copland: with the following, however, we cannot agree. "In what are called active hemorrhages, it (turpentine) would not seem to be so suitable a medicine. We must not, however, be hampered by definitions like these in cases where life is threatened. Cases of hemorrhage are cases in which, beyond all others, the nice distinctions of pathology have to give way before the great emergencies of practice." Now it is the recognition of these "nice distinctions of pathology," and *practice based upon them*, that, in many instances, makes one medical man superior to another: and, when these "nice distinctions give way before the great emergencies of practice," practice at once ceases to be scientific, becomes empirical, and not unfrequently injurious. Discarding these "nice distinctions," there can be little doubt, was the chief reason why turpentine was so little used in the last, and early part of the present century, and had lost that character in this class of diseases it once possessed. And (here we have to differ somewhat from Dr. Copland) if any one expects to find more benefit from turpentine than from other remedies, in the purely active or sthenic forms of hemorrhage, he will be disappointed—or his experience will not be in harmony with ours. It is in the purely *asthenic* kind—where there is not only an atonic state, a loss of vital cohesion of the capillaries and venous conjestion, but also an altered and deteriorated condition of the blood, with diminished vital power and generally increased vascular action, that turpentine will be found not only useful, but in a great majority of cases, the best remedy we can employ. The following quotation is from Copland's article on the pathology of hemorrhage and its treatment without reference to its seat, and first in regard to his opinion on "nice distinctions of pathology." "*Hemorrhages from changes in vital power and vascular action* require the utmost pathological discrimination and practical decision. Upon the opinion that will be formed as to the degrees of augmented action, or of diminished power, or of vascular repletion, or of asthenia, not only will the success of the treatment, but also the life of the patients depend. And amongst the most difficult of the many difficult topics with which the practical physician will have to concern himself, none is more difficult or more important, than to discriminate the pathological conditions just mentioned.

"The *spirit of turpentine* appears to have been employed by the ancients in the treatment of hemorrhages. It was much used, both internally and externally, during the sixteenth century, but had afterwards fallen into disuse. In the year 1817 I employed it internally in these diseases, and have since continued to prescribe it. (See my *Memoir on the use of Terebinthinate Remedies in Disease*, *London Medical and Physical Journal* for July and August, 1821.) It constringes the capillaries of the part to which it is applied; but, owing to its stimulating action on the nerves, sthenic vascular reaction frequently follows; which, however, soon subsides. When used in large quantity, these effects are proportionately great; and it thereby exerts a powerful derivative influence. When absorbed into the circulation, its astringent effect on the capillaries is also remarkable. Its action varies much with the dose, relatively to the vital energy of the patient. When the dose is large, it reduces the strength and frequency of the heart's action, especially when they are much increased; and hence it is an appropriate remedy in the more active forms of hemorrhage, in as much as, with its constringing action on the capillaries, it weakens the *vis a tergo.* When given in smaller doses, and carried into the blood, it increases the tone and changes or modifies the action of the extreme vessels. From a very extensive experience of this medicine in hemorrhages and other diseases, I may add, that large doses of it should be prescribed with caution, when the powers of life are very much depressed; and that, when a considerable dose of it has been given in such cases, it ought to be carried off by stool. The existence of inflammatory action does not contra-indicate its use, as many have supposed from a misconception of its operation; for it lowers vascular excitement, and prevents effusion and the formation of coagulable lymph, especially when taken in sufficiently large and repeated doses. When the powers of life are much impaired, and after copious evacuations of blood, small and frequent doses of it only ought to be given conjoined with tonics, restoratives etc."

We well remember reading the *Memoir* of Dr. Copland when it came out in the *Journal;* and since that time have used turpentine, and seen it used by others, in every form of asthenic hemorrhage with the happiest effect. In cases of profuse menstruation with anemic countenances and lax fibre, we have given it for a few days before the expected period with invariable success; and these cases are too common from some cause or other in this State. Of course we use chalybeates and tonics at all times, with such other adjuvants as each case may demand. Dr. Thompson makes no allusion to any effect of turpentine on the nervous system, although he must have witnessed it repeatedly. There are few physicians, that have not witnessed the change of countenance that occurs instaneously when the system receives an injury from which it cannot recover, although many of these accidents are trifling so far as suffering is concerned at least in the beginning, yet the vital powers are aware that irreparable mischief has been done, and the shock is manifest to the most careless observer. We have again and again seen an opposite effect produced on the countenance from the action of turpentine on the nervous system, when it has been appropriately prescribed in extreme cases of disease: and this effect has been produced frequently long before the medicine could possibly be absorbed, and through the circulation reach the disease. The vital powers appear to be aware that the disease can be overcome, that they have received the required assistance from the remedy, and not only the expression of the countenance, but the aspect of the case is immediately changed for the better: and we have observed this rapid improvement more frequently from the exhibition of turpentine than from any other remedy.

(*To be continued.*)

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Retrospect of Miasmatic Diseases for a Few Years past, by HIRAM NANCE, M. D., of Lafayette, Ill. Read before the Stark County Medical Society.

I HAVE thought that it might prove interesting to devote a few pages to the subject of our diseases for the last six or seven years, as they occurred also during the past summer and present fall; especially the cases that came immediately under my observation.

It is true, though remarkable, that our diseases in the Western country, so far as my knowledge extends, differ in type every successive year, especially those occurring in the summer and fall, or in other words those of miasmatic origin. I have resided in Stark county for the last seven years, and during that time each successive year has brought something new to the pathologist; why this diversity? I am unable to answer; it seems strange that it should be so when we consider that our country is not peculiarly subject to great vicissitudes during the summer and fall months I have not given meteroology the attention it deserves, in ascertaining the mean temperature for any two or more years, neither have I measured the water that has fallen, nor the bright and beautiful days, or counted the gloomy and cloudy ones. Should this subject be watched as it deserves, probably something might be elicited in making this subject more clear to us. During the summer and fall of 1845, my first year in this part of the State, Intermittents prevailed extensively. They usually prevailed of a pure, undecided character, the cold stage was well marked, characterized frequently with well marked rigors. When this subsided, the fever came on actively, the pulse was full and strong, tongue heavily coated, epigastric tendency well marked, great thirst, and almost constant headache. This variety of disease prevailed principally during the early part of the season, but cases of this description prevailed occasionally, until the latter parts of November; as they gradually subsided, their places were supplied by the best marked cases of Remittent Fever I ever witnessed. The patients some times would be taken down without any premonitory symptoms. First a chill, and then succeeded by fever. At other times, for a day or two or more, the patient would complain of the usual symptoms that precede the disease under consideration, viz.: aching of the head and bones, slight creeps up the back, loss of appetite, bitter taste in the mouth, usually constipated state of the bowels, and a general feeling of *malaise*. After a part, or all of the foregoing symptoms, the fever came on usually about 9 or 10 o'clock A. M., and continued actively until from 2 to 4 o'clock in the morning, then a distinct remission made its appearance, accompanied sometimes with quite a moist state of the surface, and occasionally the breast and upper extremities were in a pretty free state of perspiration, but always in these cases the pulse remained excited, thirst continued, with headache and other well marked febrile symptoms. But rarely would this abatement or remission remain for more than 8 or 10 hours.

Cases of the description that I have just related, were treated by Prot. Chlo. Hydrarg. combined usually with Pulv. Rhei given as a mild cathartic, or the calomel given and followed in from 4 to 5 hours by seidlitz powder, sul. magnesia or castor oil. When the bowels had been properly evacuated, my patient was placed on nitrous or dover powder, combined with i. or ii. grs. of calomel given every three or four hours, until it was thought prudent to move the bowels ; this I attended to at least once a day. If the remission was sufficient, I gave quinia, but rarely did it seem to accomplish much; and here I would remark, that I have but little confidence in quinia, except in cases where there is almost an entire intermission. Under this treatment, with proper variations, the disease usually gave way from the fourth to the tenth day.

The intermittents were managed easily, a dose of Cook's pills or Cal. and Rhei, followed by 10 or 15 grs.quinia in divided doses usually put a quietus on them. Relapses were not frequent, and when they did occur, sul. quinia was given which, when properly used for fourteen or twenty-one days, the disease but rarely returned. During this season, I saw four or five cases of Congestive Fever, two in my practice died, and two others I thought would, but by the mammoth doses of quinia they were evidently rescued from the jaws of death. Calomel in Congestive Fever of miasmatic origin, is a great medicine, but when compared with the sul. of quinia, it sinks almost into oblivion. In congestive fever, if there is much congestion, I would give quinia in the cold or hot stage, for upon this depends the salvation of our patient.

The year succeeding, which was 1846, was the year known by all who then resided here, as the *sickly year*, and truly it merits this epithet. None of us will ever have it effaced from our memories, neither will those who were then afflicted. The diseases this year were nearly all intermittent, but not well marked, the chill rarely amounted to anything scarcely, sometimes a very slight rigor, at other times coldness of the feet, and occasionally our patients would tell us they had no chilly sensations, yet there would be fever and a distinct *intermission*. These were treated pretty much as the former year. In the month of October, some cases of continued or typhoid fever came on, but they were all mild and gave way under a simple treatment. The next year typhoid came on malignantly, it not only prevailed in Stark county, but it became a general disease of the Western country. This disease had not prevailed extensively (I believe,) in this part of the State at any previous time; though I am informed several deaths occurred from it four or five years before in the prairie south of Lafayette, and some near Wethersfield, in Henry county. Typhoid fever was difficult to manage this year; and the next year, 1848, many cases died, not only in Stark, but in the adjoining counties of Knox, Peoria, etc. I believe Henry country pretty much escaped these two years. It has existed amongst us ever since, but has not assumed such a malignant type. In '50, also in '51, the type has grown milder, or at least is more successfully managed.

Since '49 there has been quite an important change in the character of our summer and fall diseases; instead of intermittent and remittent fevers, their places have been supplied to a very great extent by diseases, whose pathology is gastro-enteric. Last year dysentery prevailed extensively, not only in my immediate vicinity, and in our county, but throughout a great portion of the Western country. There are but few that differ at all on its pathology, but when we come to its treatment, I find quite a diversity of opinion. Some treat it as a phlegmasia, others rely pretty much entirely upon the salts of morphia or pulv. opii. I take the view that there is portal obstruction, and found my treatment upon this theory, combining my alterative with sul. morphia, and acetat. plumbi, with mild laxatives of pulv. rhei or oleum ricini once a day, or at least once every other day. Under this treatment, with warm fomentations, I have had no cause to reflect upon my past practice, or wish I had adopted a different one.

During the present summer and fall, gastro-enteric diseases have also prevailed in a peculiar form. They have not been simple, but in almost every case they are combined with intermittent fever; consequently our treatment has been of a double character, in order to suit our cases.

Amongst children there are but few that have escaped some derangement of the stomach and bowels, especially those under two years of age. It seemed to matter not whether they were cutting teeth or not. Children usually suffered from one day to one or two weeks with diarrhœa, before I had an opportunity of seeing them, then most usually vomiting had made its appearance, constituting cholera infantum; with this vomiting and purging in almost every case chill and fever were connected. Here was a catalogue of symptoms presenting themselves that required some thought and judgment to adopt a proper pathological treatment.

The stomach was irritable, and of course the diarrhœa could not be arrested until medicine could be borne by the stomach; neither could quinine be taken to arrest the chills; for as soon as taken, the stomach would reject it. My treatment was premised by ¼ or ⅛ gr. calomel, with a few drops ess. peppermint and loaf sugar, given every half hour, or oftener, if vomited up, until the stomach became quiet. If there was not sufficient calomel taken to move the bowels and change the nature of the stools, I then gave a dose of cal. rhei and magnesia, or withheld the former and gave the latter two. This usually produced an improvement in the state of the stomach and bowels. I then gave quinia, and if diarrhœa continued, my patient was placed on a combination of cal. ipecæ. creta, prep. and acetat. plumbi. This treatment usually carried them through successfully.

In adults the disease differed some: usually the vomiting was absent, but in some cases we found it also present. In nearly all cases that came under my care, I found a miasmatic or intermittent state of the system connected with a diarrhœa, either of the serous or bilious variety. The first case I saw, was a lady of some 35 years, it made its appearance as an ordinary intermittent, but bilious diarrhœa soon came on. The case puzzled and perplexed me very much. I gave quinine, preceded by an alterative for the fever, but this wouldn't cure diarrhœa, then I would give medicine for the latter, and the chills would return: at this time I found my patient's stomach so irritable, that it was almost impossible for her to retain a febrifuge; I resolved then to stop giving medicine, except something of a mucilaginous character, this I continued for a day or two, and at this period my patient's stomach grew so quiet, that small quantities of medicine could be borne. Turpentine, acetat. plumbi, and all the usual vegetable astringents were rejected even in the smallest doses. I combatted this diarrhœa by small doses of *hydr. cum creta*, and mucilage of gum acacia, with an epispastic applied on the epigastric region; an occasional opiate enema was administered to quiet pain and produce sleep.

Ordinary cases of diarrhœa and intermittent fever, I treated with a powder composed of cal. grs. i. or ii., sul. morphia grs. ¼ to

¼, and acetat. plumbi grs. 3 to 5; at the same time my patient was under treatment for diarrhœa I gave quinine sometimes, instead of the above powder; if the system was not bilious, I gave spts. turpentine and laudanum. When the diarrhœa was controlled, I thought it prudent not to move the bowels for three or four days, unless pain or febrile symptoms made their appearance.

A case of Onanism in a boy seven years old. By A. Garwood, M. D.

The following case of onanism is so unusual and remarkable, at least so far as my experience and information extends, that I thought it might prove interesting to the readers of your journal.

The patient was a boy, I took out of the county poor house, to live with me and had him bound by the superintendents of the county poor, till he was twenty-one years of age.

He was seven years old, very fair complexion, light hair, black eyes, a slender delicate frame, and apparently an innocent, sprightly and interesting child.

I did not suspect him of being a masturbate, till I caught him in the act of self pollution. I then learned from him that he was taught the loathsome practice at school when but four years of age; and that the habit had become confirmed and had been growing upon him ever since. I punished him at the time, and gave him a lecture on the consequences of the habit if continued. Told him that it would injure his health and mind, that it would make him a weakly, foolish, good for nothing boy, that other children would not be allowed to play with him, and that I would take him back to the Poor House. He seemed very penitent and promised reformation.

Never having had much experience in such cases, I thought the means I had used might possibly cause him to discontinue the filthy practice. But I soon learned that he did not quit it for a single day or night. He commenced living with me in the summer, and the habit grew upon him during the fall and winter rapidly, as was evident from the stains on his linen, from his general appearance, and from his own confession. When he found, that he could not conceal the fact from me any longer, he became very bold about it, and seemed to loose all shame and delicacy of feeling on the subject. He stated that he never missed a night but that he indulged in it two or three times, that he engaged in it at the privy, that when he went to school, instead of playing with the other boys, he would sneak off by himself to practice it, and whenever he could get off by himself at any time or place, he was at it. He now declared that he could not, and would not quit it, because "he was so used to it." I could not extort a promise from him to quit it, and he concluded that he would rather go back to the Poor House, than to leave off the practice. The symptoms at this time were emaciation, inactivity, did not want to play, but would set for hours listless and heedless of what was going on—his mind seemed more dull about everything, except the gratification of his passion, for which in seeking opportunities he showed great acuteness and deception. He was very stiff in his limbs and back, so that it required quite an effort for him to exercise. There was a dark areola beneath the eyes. He could not look a person in the face, had an excellent appetite, ate hearty, and craved the heartiest kind of food—not having missed a meal during the seven months he lived with me. When kept from it through the day by close watching, he became almost frantic, he would thrust his finger in his nostril, often making it bleed, would rub between the fingers of one hand with the fore-fingers of the other, and seemed to be perfectly on nettles, as though he could hardly endure it.

But the most prominent and disgusting symptom of all was incontinence of urine. He lost the control of the sphincter of the bladder, to such an extent, that immediately after indulging, he had to urinate several times, and often kept his clothes saturated half the time, in consequence of being unable to retain his urine, till he could get to a proper place to evacuate. He has a great many times wet his pants at the table, and often had to leave it in the middle of a meal to run to the privy, and very often failed to get there in time.

Treat.—After using every moral means in my power, I tried cold bathing, restricting his diet to plain unstimulating food, whipng him as hard as I dared to without injuring the child, blistered his penis till it was all over raw, and as a *dernier resort* tied his hands. All these efforts were entirely abortive; whilst his penis was raw, he indulged as much as ever, and did not seem to regard the soreness. And when his hands were tied, he would bring on a seminal discharge by friction against his clothes, between his thighs, or between his abdomen and bed clothes, and at last he obtained such command over the abdominal, perineal and glutial muscles, in connection with the force of imagination, that he could produce a discharge sitting on a chair in my presence when there was no motion perceptible. The desire of self gratification appeared to be constantly in his mind, and I am convinced that he would forgo any and everything else, even death itself, before he would quit the practice. Giving up all hopes of effecting a cure, and his presence becoming so disgusting and repulsive, I laid the case before the superintendents of the county and the board of supervisors, accompanied with the request, that they would destroy the indentures, and receive him again as a pauper, which they did accordingly.

What's to be done with such a case? Would it be justifiable to emasculate under such circumstances? If that did unman him, it might prevent him teaching others the same trick, (for he says he has made a business of teaching others whenever he had an opportunity.)

The above case should teach parents and guardians, to exercise a watchful care over those under their charge, in reference to this loathsome habit, and also the almost unpardonable nature of the crime of older persons teaching the younger or uninitiated this vile practice.

Cassapolis, January 15th, 1854.

On the Medial properties of Nitrate of Soda. By J. B. Brown, M. D.

This article which in many works on Materia Medica is not even mentioned, seems to be possessed of qualities too valuable to be entirely passed over, or as is done in some books, merely quoted for the purpose of calling its name. As I have made use of this drug with much success in my own practice during the last two years in this country, I deem it a duty to communicate the results to our profession.

The first notice of the physiological action of this salt I found in a medical journal for 1843, in which Dr. Zimmermann published the results of his experiments, it is as follows:

"Nitrate of Soda dissolves the protein element of the blood much less than Nitrate of Potassa, coagulated fibrin being but very little or rather not at all influenced by it, while at the same time it contracts the blood corpuscles much more firmly even to shriveling, and renders the serum redder and richer in hæmatin."

Rademacher, a Physician of Vienna, was probably the first who used this article to any very great extent as a therapeutical agent. As he attributes to it the most extraordinary properties in different diseases, claiming it as a universal remedy and recommending it in the most heterogeneous affections without stating any particular indications for its use, I was induced two years since to make some experiments myself for the purpose of ascertaining whether the medicine possessed the value which its friends had claimed for it. Rademacher thinks that it is more useful in gastric fevers than Nit. Potassæ, which as an active solvent of fibrine, causes a more rapid putrescence, and which in cases where the a priori zymotic tendency is evidently contra-indicated, whilst the Nit. Soda although it restrains the pseudoplastic process, does not produce any excessive evacuations.

When given as a gentle laxative this salt is easily borne, but when given in large quantities it produces fluid passages with tenesmus. Nevertheless according to my experience with this remedy in the prevailing diseases of this country such as irritation of the mucous membrane of the intestines and especially in acute or chronic dysentery, its value can scarcely be surpassed by any other agent of our materia medica. No remedy has so rapidly succeeded with me in restoring natural passages and relieving the extense suffering in the worst forms of this annual complaint, as Nitrate of Soda. Most of my cases, I had to treat only four or ve days, when all the symptoms under the influence of this spe- ic, if I may use this term, disappeared entirely. Other cases, in which a cure was not so speedily brought about, were comparatively rare, and I found this fact generally owing to a fault of diet or some other unfavourable circumstance of the patient. Nevertheless I have been so fortunate, as never to treat any case of dysentery longer than at most for a fortnight, whilst out of 6 cases I generally restored 5 of them to health, within the above mentioned limited space of a few days. It is not my purpose to enter into a detail of the treatment of this disease, but I will confine myself here to a single remark, that of all the remedies in use against it, there is no one existing, to my knowledge, safer, quicker and more innocent in its agency, than the one under consideration.

The formula I usully employ is this:

℞	Ol. Amygdal. dulc.	ʒiv to vj
	Gum. Mimos.	ʒij to iij
	Aq. distillat.	℥jv to vj
	Fiat lege artis emulsio, cui adde	
	Sodæ Nitratis Aquæ lauro-Cerasi	aa ℥ss
	Syr. Simp.	℥j

M. S.—A table-spoonful to be taken every one to two hours, after having been well shaken.

For chidren I prescribe the half or only third part of the quantity, and I found it an excellent means for overcoming in their different forms diarrhœa and dysentery, at least for the purpose of diminishing the irritability of the bowels, after which other remedies, according to the indications of the case, might be made use of.

After the evacuations have become normal, the medicine is to be continued for one or two days, on account of a great liability to relapse, which not unfrequently may very disagreeably surprise both the patient and physician. But this disposition is owing to the disease itself, as every practitioner will agree, and not to the specific effect of Nitrate of Soda. In some cases of the most severe characters I ordered the addition of a few grains of the Extract of Opium to the former mixture, in order to allay more rapidly the extremely painful tenesmus and the nervous excitement in general. I prefer the extract to the opium in substance, because it has a milder effect, quieting the system more and not producing that peculiar venous orgasmus, which opium itself does. But I must remark here that even this milder preparation of opium ought never to be used for several days in succession for reasons I can not now explain, being beyond the limits of my present purpose. One of my patients, who suffered in a dreadful manner, after taking a mixture of brandy with pepper, in order to stop the whole matter at once, as he thought, had to take the above described portion four times one after the other; within 7 days he was perfectly restored.

I have been now in more than a hundred cases of dysentery so successful, as to restore my patients within the period of from 4 to 14 days at most, under the principal influence of Nitrate of Soda, never using a single grain of calomel, which I avoid for fear of salivation and of its consequence, these being often as bad a complaint as the former, or even still worse, I would therefore recommend this salt as a very powerful and innocent substitute for calomel in all the different forms of dysenteric or congestive diarrhœa and dysentery.

I would mention, en passant, that tonics or astringents are to be employed, whenever, after the disappearance of the characteristic mucous discharges, a tendency to a diarrhœa from atony manifests isself, either spontaneously or in consequence of an improper diet.

The Sanatary Characteristics of Chicago, 1853. Being a Report read to the Cook Co. Medical Society, Feb. 7th, 1854. By N. S. Davis, M.D., &c. &c.

Few things would contribute more to the real advancement of practical medicine, than a careful and accurately kept record of diseases and their peculiarities in connection with the meteorological and climatic features of each season. That all diseases are susceptible of changes in their specific character, tendencies, and results, is fully proved by the recorded experience of the past. This is true of diseases, not only in reference to their prevalence in different locations and different climates, but also in reference to their prevalence in the same place at different seasons and periods of time. It has been often and justly remarked, that these variations in the character of diseases in different places, and in the same place at different times, have led to much of the seeming contradictory experience detailed by different writers, and the consequent confusion of opinions in relation to the indications for treatment and the value of remedial agents.—That variations in the special character of any given disease, are produced in isoluted or individual cases, by circumstances of a strictly local or artificial nature there can be no doubt. To this class of circumstances belong peculiarities of temperament, habits of life, imperfect ventilation, unwholesome food, &c. But beyond all these, we see in the same place, with no *visible* change either in the habits of the people or the physicial condition of the place itself, the prevalence of severe and fatal diseases during one season, and their entire absence another, constituting epidemics of irregular appearance, and also decided differences in the number and severity of ordinary sporadic attacks. Thus in this city since the summer of 1849, we have seen epidemic Cholera re-appear with each returning summer until that of 1853, when it was almost, if not entirely, absent. Yet during the latter season there existed *apparently* the same causes and physical circumstances as during each of the preceding years.—No material change had been made in the habits of our citizens, the cleanliness and drainage of our streets, or any of the sanatary regulations of our city.—Still, unless we are prepared to admit that sickness and pestilence are sent by an arbitrary and direct act of an over-ruling Providence, we must suppose that every effect has its cause; and consequently every change in the former is preceded by a corresponding change in the latter. That variations in the character of ordinary diseases, and the occurrence of irregular epidemics, are dependent on changes in the more occult or invisible elements of the atmosphere, such as its temperature, moisture, and electricity, has long been the opinion of medical men in every part of the world. But even up to the present time no adequate means have been devised for keeping a reliable note of the condition of all these elements in direct connection with the prevalence and character of diseases, through successive years in the same place, or in places remote from each other during the same year.—The partial attempts which have hitherto been made to effect this object have included scarcely more than a record of the *temperature*, leaving the equally important elements of moisture and electricity either wholly unnoted, or so imperfectly as to render the results of no value.—Indeed, until a very recent period, the instruments necessary for measuring the moisture of the atmosphere at short and regular intervals of time, have been too imperfect for practical use. Recently, however, it has been found that the actual *humidity* of the atmosphere can be more readily and accurately ascertained by the Wet-bulb Thermometer, than by the various Hygrometrical and Dew-point instruments previously in use.—I think we may reasonably expect that the adoption of this simple instrument, will soon give us as reliable a record of atmosphere humidity as we now have of temperature; and as the electrical condition is doubtless dependent more or less directly on those of temperature and humidity, we shall have a much more complete knowledge of all the elements that enter into the climat features of different seasonsic and localities. Previous to the comencement of 1853, the Smithsonian Institute had placed in the hands of instructed and competent agents (uniform instruments,) located in so many sections of the country as to afford a good index for the whole, and required of them quarterly or monthly returns. The first published results of these returns that have come under my observation, are contained in an article in the November No. of the New York *Journal of Medicine*, by Lorin Blodget, who has charge of the Meteorological Department of the Institute. And I cannot better convey an idea of the importance and practical bearing of these records, than by quoting the results in regard to the last preceding summer months in his own language, as follows, viz :—

"The summer of 1853 has been extraordinary in its climatic conditions, and the extremes of temperature and humidity were much more striking and clearly defined than usual. The relation which these conditions may have to the general sanatary character of a month or season, may therefore be analyzed under unusually favorable circumstances, if our observation are sufficient to define them with precision. The purpose of this paper is to present them in the proper grouping and contrasts, and this process will serve as a general test of their accuracy, and apply them to their most important purpose at the same time.

Some of the more disastrous periods of mortality of the summer have been attributed directly to extreme temperature, while the attendant condition of humidity has scarcely been recognized as influencing results. Violent epidemics, and even contagious diseases, may have been initiated by some maximum of these conditions, and the subsequent propagation and continuation may be due to other causes more difficult to decide upon. Without assuming entire dependence upon the conditions of climate we now measure for epidemics of the more violent character, it is still a point gained of unusual importance when numerical values may be given to humidity as well as temperature. With these the statistics of disease and mortality may ultimately undergo thorough comparison and examination, and to that research the greatest and final results will belong.

The climatic research conducted by the Smithsonian Institution now embraces every climatic district of the country. The full registers, including with the more common observation the difficult one of the temperature of evaporation, from which is deduced the relative humidity, number about thirty, which are immediately returned at the close of an observed month. There are others in the New York and Military System, accessible at a latter period; but the first suffice to determine every important district in this respect. Correct temperature observations for the open air are reported in the same prompt manner from about two hundred stations, of which about fifty measure carefully the amount of precipitation

From these data the present exhibit is prepared. It will present, first, the several periods of excessive heat in the three summer months of the present year, and the comparison of various districts during those periods.

Second, the periods of excessive humidity, and of unusual amount of precipitation; and the relation of these in time and place to the division of excessive variations of temperature.

It also marks extremes of absence of humidity, and of cold, which are less important as santaary conditions standing alone, though the low humidity apparently occurs generally as very important modification of the injurious character of a period of excessive heat.

The first general high temperature of the season occured on the 3d to the 5th of June, extending from Montreal to Florida, but this did not occur at the West generally. At the South it was a day later than in New York, and its maximum at the North, from Montreal to New York, 83°, and from Chapel Hill, N. C., to Savannah, Ga., 92°. The period was so short that no general consequence would probably attach to it, however, and the amount of humidity was not unusual.

From the 14th to the 18th, the heat was excessive and general. At the extreme West, in Minnesota, Iowa and Wisconsin, it occurred on the 12th and 13th; the atmosphere affected passing eastward across the continent as a well-defined body, according to what seems a law of all dynamic or inconstant climatic phenomena. It did not extend beyond Camden, S. C., southward, and attained a higher point at the West than elsewhere, of 90° to 94° in Ohio, Kentucky, and westward in the same latitudes. Succeeding this, a general excess of temperature occurred from the 20th to the 23d, less than the preceding in the extreme North, and with a considerable fall there on the 22d, but quite unusual and long-continued at almost every other part of the country. The maxima varied from the 20th to 23d, and ranged from 90° to 97°. With the slight allowance for excess, which usually should be made in the readings at these extreme points, the maximum of 95° was probably general, from New York to Savannah, on the 23d, and the same degree the day previous in Ohio and Michigan In Tennessee and southwestward, the same point was reached on the 20th; in Mississippi and Texas still one day earlier.

Lastly, a most extraordinary extreme of heat occurred on the 27th and 30th; In this case, as before, beginning earliest at the West by a day and a half for the distance from St. Louis to Washington. This extreme was central in the latitude of Washington, and was limited at Savannah on the South, and Burlington, Vt., on the North. It attained 96° to 98° in Tennessee, Kentucky, and Southern Ohio, and 99.5° to 102° at Washington and in Eastern ginia and N. Carolina. This is without any known parallel in records of temperature here, and is several degrees above any rded temperatures at New Orleans, Mobile, or Savannah.

The general temperature of July was also high, and slightly above the normal mean in most parts of the United States. The mean of June was much above the normal, one, attaining a maximum of excess in Wisconsin and Illinois of nine degrees. It was there 4.5° above the mean for July,—this excess being less at the East, where the two months were nearly equal, and June 5° above the normal mean.

The excessive heat of the last days of June was prolonged through the 1st and 2d of July at 94° in Virginia and at the South, and the range was generally high at Philadelphia and South until the 10th, when it was again at 92° to 84°. North of latitude 40° there were no great heats in this month, and the temperature was quite uniform throughout. The temperature was at or above 90, after the middle of the month, only in Central Georgia and Alabama, and westward in this latitude to Texas, for two or three days about the 20th, and again at the close of the month.

In August, a period of general excessive heat occurred, beginning, as usual, earlier at the West, and reaching 90° at Lac-qui-parle, on the St. Peter's River, Minnesota, (lat. 45°, long. 96°,) on the 7th and 8th. The maximum in Illinois and the adjacent States was 90° to 94° from the 8th to the 13th, in.Ohio and Kentucky nearly the same; and, passing eastward a little later through Pennsylvania, the district of greatest excess was central at New York from the 12th to the 14th.

The temperature was below 80° at Cedar Keys, Talahassee, and Pensacola, Fla., through these days, and at no place South reached 90°. Later in the month, from the 25th to the 31st, the heat was unusually great in the Southwest,—Texas, the Cherokee Territory, and Mississippi,—with an extraordinary reverse in Iowa and the adjoining States. Frosts occurred in all the States West and North of Ohio at some day from the 25th to 28th inclusive; and in some parts of Iowa, Wisconsin, and Michigan, there were two or three in succession, and great injury was done to vegetation. At Lac-qui-parle, Minnesota, 8° farther north, and nearly a thousand feet higher, there was one very slight frost on the 27th.

These extraordinary conditions of temperature become more important when connected with the accompanying conditions of humidity. As general comparisons of this last condition have hardly been possible heretofore, the present summer cannot be compared with previous years, except in one or two extremes of its sanatary effect.

The observations of humidity are, however, believed to be of the very best character. The temparature of the *natural evaporation* has been taken under uniform directions, and with uniform instr ments. The actual *evaporating effect* of the air at the time, as the measure of its true evaporating power in a climatic sense, and such as could affect animal life and the growth of vegetation, has been sought in the directions given, and in the practice of the observers.

From such observations the fraction of saturation, or the percentage of humidity existing in the air at the time, has been deduced by Regnault's formulas, first determined theoretically from the latent and specific heat of air and aqueous vapor, and subsequently modified in the numerical elements to conform to the results derived from actual experiment.

These results are arranged in a tabular form for greater convenience of comparison. The "relative humidity" is the percentage of moisture which the air at the time contains. 100 being full saturation. The absorbent power of the air in highly heated periods is directly as this decrease of the degree of saturation, and is the most precise measure possible of the sanatary condition which is peculiarly climatic, and not dependent on miasmatic or other secondary causes.

A brief reference to the prominent points in this comparison may assist the examination. It may be stated that the fractions of saturation are much more variable in cold than in warm climates at all temperatures. The mean summer saturation at New-Orleans, by the valuable observations of Dr. Barton,* is .857, and the mean saturation for the year .811. The degree here is quite constant through successive years for the different seasons, and has its maximum in summer. The maximum in the northern portion of the United States is also in summer, but the mean is something more then one-tenth of saturation less than that at New-Orleans.

The fractions given in the tabular statements used for the present general comparisons are from one observation only for the day, that at 2 P. M.; which is very near the hour for maximum temperature also. It would be equally important to give the mean of the day, but as the labor would be very much increased, the single hour of extreme range of the several conditions, giving the most striking contrasts, has been thought sufficient for the present purpose.

The heats of June are seen at once to have been remarkably dry. The fraction of saturation was at a mean of about 50 in the North-east, and but 40 to 45 in the interior and in Texas, during the hot days from the I4th to the 17th, though much higher at Pensacola and the extreme South, where the heat was not so great.

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* *Report to the La. State Med. Soc. on the Meteorology, Vital Statistics, and Hy-ne of Louisiana.* By Dr. E. H. Barton, 1851. The amounts here given are a mary from observations at sunrise, midday and 9 P. M., for eight years.

At the 20th to the 23d, the rate was about the same in the districts of excessive heat. On the 29th and 30th, the percentage was but 35 to 40 in the narrow district through Tennessee, Kentucky, and Virginia, which marked 100° as the maximum temperature. The coincidence of absence of humidity with this unequalled temperature was fortunate. The usual saturation with this degree of heat would have been extremely destructive to health and life.

The first two days of July were a continuation of the conditions of the last of June. The remainder of the month was not unusual in its hygrometric character generally, though at New-Orleans, where, unfortunately, we have no observations after May, the evidences of high saturation are given in the profuse and constant rains of the middle of the day, preceded by a hot and oppressive morning. This weather was reported as quite uniform for the first and most fearfully fatal month of the yellow fever. The approach to a tropical character in the midsummer saturation and daily rains, at New-Orleans, is more or less distincly marked in different years at all times, but the present summer seems to have attained a maximum in this respect, and to have given in this way terrible effect to the epidemic, when once induced, in whatever manner that may have been. It is hoped that careful observations of the humidity of the yellow-fever period of the present summer there, have been made. The Gulf Coast in Texas and Florida does not properly represent the humidity or other climatic peculiarities of New-Orleans, nor does any place in the interior from which we have observations.

The great heat of August was most remarkable in its hygrometric condition also, and universally attended with a high fraction of saturation. At Washington it was 55 to 50, and at New York near 70 per cent. at 2 P. M., and almost at saturation morning and evening. Though the temperature of the air was but 90° to 94°, or 6° less than that of the last of June in Washington and Richmond, where no fatal effects were felt, the mortality from the effect of great heat with great saturation was frightful. By reference to the tabular statement it may be seen that the absolute degree of heat could not have caused the fatality alone, or without the attendant humidity. Some term more specific or more comprehensive than *sun-str oke* seems therefore required to designate the fatal congestion, or whatever may be the immediate cause of death, in these cases.

Another and perhaps clearer point for comparison is the *temperature of evaporation*, or that of the wet-bulb thermometer alone. The dew-point has usually been obtained for such comparisons, but it is far less easy to obtain without error; and, as it is itself no absolute determination, but an intermediate point only, it is quite generally discontinued.

The temperature of evaporation at New York, at the time of greatest mortality in August, was from 80° to 84°, being higher than the maximum temperature of evaporation at New-Orleans at any time in 1852 by two degrees. At the latter place it reached 82° but once in that year. At Austin, Texas, for the last August, the same maximum was 78°; at Savannah, Ga., 79°; at Camden, S. C., Culloden, Ga., and Washington, 77°. Jacksonville, Fla., and Eutaw, in Central Alabama, were the only places at the South giving a temperature of evaporation of 84°, or as high as that at New York on the 13th and 14th of August.

With such conditions of temperature and saturation, in a nominally elastic and cool climate, it is not wonderful that the mortality from its immediate effect should have been very great. It is more remarkable that some incipient epidemic was not started in full vigor to rage after the principal inducing cause had passed away. With the exceptions of New-Orleans, and New-York at this limited period, the heats of the summer, though extreme, have been attended with a low humidity, and have been unusually favorable in this respect.

From this lengthy extract it will be seen, that the three summer months of 1853 were considerably above the mean temperature of the same months for a series of years. This was more particularly true of the months of June and August; both being throughout the North-west, from 3 ° to 5 ° above the usual standard. But fortunately in the same section of country, both months were attended by a low degree of *humidity*. The unusual dryness of the atmosphere was general over the whole Union during the high temperature in June, but not so in August.

During the excessive heat in the latter month, the *humidity* at New York, and along most of the Atlantic and Gulf coast, was very high, approximating closely the point of saturation, while in the North-west it still remained low. During the rest of the year I have no other date in reference to the climatic features, than such general facts as were noted in my own memorandum book. These, however, will be alluded to in direct connection with a brief account of the diseases of the past year, to which I will now call your attention. The first half of January, 1853, was warm and wet; the roads much of the time being sloppy; but the last half was cold and dry, the mercury in the barometer often standing at 30 inches.

Early in this month I noticed the frequent occurrence, especially among children, of an eruptive influenza or miliary fever, so closely resembling scarlatina in some respects as to have been very generally confounded with that disease. Its onset was generally characterized by a quick pulse, hot skin, restlessness, thirst, pains in the head, back and limbs, and soreness of the fauces and pharynx, with more or less swelling of the glands behind the angle of the jaw. So far the cases closely resembled scarlatina. But the eruption was more decidedly papular, and the redness of the skin less diffused than in the latter disease; and the eruption was also extremely irregular in regard to the time of its appearance. In some cases the appearance of the eruption was among the first symptoms of ill-health, while in a larger number it did not appear until the 4th, 5th, 6th, and even 7th day after the commencement of the fever. The disease generally ran its course in from one to two weeks, leaving considerable debility and sometimes a tedious convalescence. The mildest cases required no other treatment than a restricted diet rest, and the avoidance of all exposure. The more severe cases were promptly moderated in their violence by the exhibition of a powder composed of sub. murias hydrarg. from one to two grains, and pulv. doveri from two to five grains, given every three or four hours, until five or six doses had been taken, and then followed by a laxative of castor oil, or rhubarb and soda. If the urinary secretion was very scanty, half a tea-spoonful of spts. nit. dulc. was given between each of the powders; and if much swelling of the glands of the neck or soreness of the throat existed, cloths were applied wet in infusion of hops or aconite leaves. After the foregoing treatment, it was generally sufficient to give the patient from half a drachm to a drachm of the following mixiture from three to six times in the twenty-four hours—viz:

℞ Hive Syrup—ʒij.
Tinct. Belladona—ʒj.
Spts. Nit. Dulc.—℥jss M.

and convalescence would ensue in a few days. The disease did not bear active evacuating remedies without injury. The only cases I saw that resulted in great debility or protracted swelling of the cervical glands, or were followed by symptoms of acute dropsy, had been actively purged, or vomited, or both in the early stage of the disease. I saw only two or three cases during the month, that presented the full characteristics of scarlatina. The disease before alluded to, continued to prevail moderately during the month of February, and the fore part of March. The whole number of cases was such as to entitle it to the appellation of a mild epidemic. The months of March, April, and May were as usual changeable and wet. But they were not marked by the prevalence of any special diseases, though the occurrence of chronic and relapsing intermittents were more frequent than at the corresponding period of the three previous years. During the last half of March, my notes show the occurrence of several attacks of cholera morbus, two of which put on all the characteristic symptoms of sposmodic cholera, viz.: Rice-water discharges from the stomach and bowels, cramps in the lower extremities and abdomen, corrugated and purple skin, husky voice, sunken eyes and feeble pulse, etc. Both however recovered. Several of the milder cases were disposed to put on the form of dysintery after the first three or four days, accompanied by fever and tenesmus. These attacks become less frequent during the first half of April, and in their place I met with several cases of Remittent Fever, three of which assumed a highly pernicious or congestive form. The last half of April, and the whole of May were attended by no special prevalence of disease. Rains were frequent, and during the first half of May the surface soil was thoroughly saturated with fresh water, and the atmosphere was cool. The latter quality continued with but little rain until the first week in June. From that time to the first of September, the peculiarities of the weather have been accurately detailed in the quotation already given. Notwithstanding the unusual high temperature of June, no severe sickness was developed in this city or throughout the country generally. Sporadic cases of dysentery, typhoid fever, and occasional cases of intermittent and remittent fevers were met with during that month, and still more frequently during the months of July and August. Nothing unusual was noticed in reference to the fevers. They were generally mild and readily controlled by proper treatment. The dysenteries presented generally a quicker and sharper pulse, more heat of skin, more tenesmus, and discharges composed more of glairy mucus streaked with blood in the first stage, and more mixed with whitish flakes and purulent matter at a latter period, than during the three preceding summers. In other words, the symptoms of local inflammation were more acute or *stenic* in their character, and consequently would not tolerate us early a resort to astringents and tonics. During the last half of August and whole of September, more than double the number of intermittents and remittents were met with, than during the same months of 1850, '51 and '52, when epidemic cholera was prevalent in the city. From what we have learned, the same remark is applicable to the North-west generally.

The contrast, however, is not owing to an unusual prevalence of periodical fevers during the past summer and autumn, but to their unusual absence during the three preceding seasons when cholera was prevalent, and in many places epidemic. Several cases occurred at the foot of South-water street, directly on the Lake shore, a location generally entirely exempt. This was doubtless owing to the recent filling up of a pier projecting into the Lake, and preventing the usual washing of the waves on the beach. And it may well lead to a fear, that the present break-water of the railroad may materially deteriorate the healthiness of the whole Lake shore along the south division of the city. During the summer months, six or seven cases of cholera occurred under my own observation, but entirely disconnected from each other. Two of these were admitted into the Mercy Hospital. Of the whole number two died in a state of collapse, one preceded a few hours by hemorrhage from the bowels. Three others assumed the form of protracted dysentery after reaction was established, but they ultimately recovered. The disease at no period manifested a disposition to spread or assume an epidemic form. The month of October was dry, pleasant and healthy. The last half of November, and nearly all of December, were warm and wet, with the atmosphere almost constantly saturated with moisture. During this time diarrhœas, dysenteries, relapsing agues, and typhoid fevers became decidedly more prevalent; but they were generally mild in character and consequently added but little to the general ratio of mortality.

From the 20th of November to the end of the year, I met with one form of disease, so often that, I think it justly entitled to the name of epidemic. And from its rare appearance as a prevalent disease, it merits a more particular notice. Its most striking feature was a deep yellow, or jaundiced hue of the whole cutaneous surface, extending to the conjunctiva, and also to the mucous membrane lining the mouth. An account of the occasional prevalence of jaundice in an epidemic form may be found in the literary records of our profession; but such occurrences have been rare. The disease to which I have alluded as prevailing during the last six weeks of the past year, was generally characterized by the following symptoms, viz:—an impaired appetite; an unpleasant, often bitter taste in the mouth; a lassitude or feeling of indisposition with dulness or drowsiness; an unusual sense of distension in the epigastrium after taking food; skin drier than natural; bowels sometimes slightly relaxed, but more frequently moderately constipated; and the conjunctiva moderately yellow. These symptoms would appear very slight at first, and gradually increase, until at the end of ten days, or two weeks, when the skin and eyes would generally appear deeply yellow; the urine scanty and high colored; the tongue covered with a yellowish white fur; the pulse slightly quickened; the skin dry and warmer than natural; the appetite and digestion more decidedly deranged; the mental dulness greater; with a constant feeling of uneasiness or dull pain or sense of fulness in the epegastric and right hypochondriac regions; and obscure tenderness to pressure directly over the commencement of the duodenum.

In many cases the pressure over the epegestrium or beneath the cartilaginous margin of the ribs of the right side, would induce, not only tenderness, but also an immediate feeling of sickness or nausea. The fecal evacuations were generally consistent and clay colored, though in some instances they were liquid and sudsy, or of a dirty white color. In every instance that I examined they were deficient in the coloring matter of the bile, while the urine, the cutaneous exhalation, and the saliva were deeply tinged with the same ingredient. Occasionally, in addition to the mental dulness or drowsiness, slight wandering of thoughts or passive delirium was observed, especially at night. If not actively interfered with by medical treatment, the foregoing symptoms would continue from two to three weeks, when the epegastric uneasiness would subside, the appetite improve, the pulse return to its natural condition, the urine become more abundant, the intellect brighter, and the patient gradually resume his accustomed feelings of health, but often leaving the skin and eyes very yellow for several weeks. Such were the phenomena presented by the great majority of cases. But in some cases the symptoms of either general or local disturbance were exceedingly slight; the cases presenting very few *positive* symptoms except the deeply jaundiced hue of the skin. In a still smaller number of cases both the local and general symptoms were more severe. The epegastric tenderness and pain were more marked, the pulse quicker, the skin drier, and a deeper or more *bronzed* color, and a great part of all the food and drink taken would be rejected by vomiting in one or two hours after it was swallowed. In such, there was a feeling of great prostration, so much so as to keep the patients in bed for several days. Out of about sixty cases that occurred in my own practice, only one proved fatal. Concerning this last, I find the following notes recorded at the time.

November 28th, called to see Mrs. S., an American woman, aged thirty years, the mother of several children, and now about 4 months advanced in pregnancy. Says she has been sick three or four days with moderate diarrhœa, and ocasional vomiting. At present her skin and eyes are quite yellow; her tongue covered with a yellowish white fur; pulse 110 per minute, and soft; skin warmer than natural; urine scanty and high colored; intellect dull, and yet the patient sleepless and restless, with much thirst, burning in the stomach, no appetite, and the fecal discharges liquid and clay colored. The epigastric region was also slightly distended, tender to pressure and tympanitic. She was directed a powder composed of the sub. murias hydrarg. 2 grs. and sulph. morphine ⅓ gr., every three hours, and a large mustard sinapism to to the epegastrium.

29th. The bowels had remained quiet since yesterday, but the paroxysms of vomiting had been more frequent. Directed a solution of sulph. morphine and soda, to be given in small doses and at short intervals, to quiet the stomach; and also fomentations to be applied to the abdomen.

30th. Vomiting less frequent; no evacuations from the bowels; pulse 130 per minute, full but soft; expression of countenance anxious with extreme restlessness, the patient to use her own language, feeling *as though she must fly:* abdomen moderately tympanitic; no secretion of urine; skin dry and very yellow. Directed a powder of calomel 10 grs., and Bi Carb. Soda 5 grs., to be given at once and followed in two hours by enemas of warm water and salt to move the bowels.

Dec. 1st. No improvement; no operation on the bowels; no urine; skin a deep bronzed yellow color, hotter then natural and dry; the ejections from the stomach mostly mucous and grass-green color; pulse 150 per minute and soft, mind dull, but great restlessness and thirst; abdomen distended, but bladder empty. Directed 10 grs. of calomel to be given in half an ounce of castor oil, to be followed by an enema of castor oil and oil of turpentine. Before the latter was administered, however, labor pains suddenly came on, and in a few minutes expelled a three months fœtus, which was followed by very moderate flowing, but all entirely without the consciousness of the patient. During the six hours following the labor the patient was more quiet; pulse less frequent but feeble; vomited but little; had two thin fecal discharges nearly destitute of any appearance of bile; discharges also a very small quantity of urine; but mind remained dull, approaching a comatose state. Directed powders of calomel, camphor and quinia in moderate doses.

Dec. 2d., 8 o'clock A. M. Patient more comatose; pulse 160 per minute, small and feeble; skin a shining bronze color, with an appearance of bloating all over; no further discharges either from the kidneys or bowels, but the frequent ejection of large quantities of a black or dark brown liquid, much like coffee grounds. Directed Chloride of Sodium in doses of one cruple every two hours, and 30 drops of oil of turpentine in the form of an emulsion between each dose of the salt.

In about three hours she passed a pint of reddish yellow urine, and soon after had two or three involuntary discharges from the bowels, looking much like that ejected from the stomach. From this time the vomiting ceased, but she died completely comatose during the following night.—No post-mortem examination could be obtained.—This case certainly presented some of the more importat features of genuine Yellow Fever. But from the manner of the attack, the early appearance of Jaundice, &c., I have no hesitation in regarding as simply a more severe form of the same epidemic that had just previously began to show itself throughout the community. The disease was restricted to no particular age or sex, though nearly three-fourths of all the cases that came under my observation occurred in persons in the early period of adult life, and who had been residents of this city *less* than one year. In regard to its Pathology, I think the early disturbance of the latter period of digestion; the sense of fulness with dull pain a little to the right and below the epegistrium, with more or less tenderness in the same region; the moderate febrile action, with clay colored fœces, and occasional nausea or vomiting; all indicate the existence of a low grade of inflammatory action located essentially in the trunk and ramifications of the biliary duets, and often extending to the mucous membrane of the Duodenum. This by obstructing the flow of bile into the intestine causes it to engorge the structure of the liver and return into the mass of the circulation, and thereby communicating a jaundiced hue to all the structures of the body.

How far the unusual warmth and extreme humidity of the atmosphere during the period when the foregoing disease made its appearance, acted as a predisposing or exciting cause, each member of the society must judge for himself.—That such a state of the atmosphere greatly lessens the excretion of the carbonic acid and aqueous vapor from the lungs and skin there can be no doubt. And as the liver is the next most important organ for eliminating carbonaceous matter, we can readily perceive that its secreting structure might be over excited, while at the same time the bile produced might be rendered morbid or more irritant than usual, inducing irritation and inflammation in the gall-ducts and duodenum; while the establishment of the latter would directly obstruct the further flow, and thereby rapidly induce the jaundice with all the subsequent phenomena. But I must hasten this report to a conclusion. During the same warm and wet month of December, two cases of well marked cholera were admitted into the Mercy Hospital, in a state of collapse, and a third in the earlier period of the disease. The two first were females. In both reaction was fully established. But one after progressing very favorably two days, was suddenly attacked with phlegmonous erysipelas of the neck and throat, and died in 48 hours. She was attacked with cholera in an emigrant car on her way from New Jersey to this city. The other woman passed into a secondary typhoid fever, from which she recovered in little more than two weeks. The third case was a child 18 months old, belonging to the woman that died of erysipelas. The child recovered. During the month of December also several cases of diarrhœa, relapsing agues, and typhoid pneumonias were met with. The latter, however, became decidedly more frequent on the first occurrence of steady cold weather during the first half of January.

From the foregoing review, drawn of course from my own presonal circle of practice and observations, it will be seen that the year 1853 was characterized by the continuance of unusual immunity from all severe and fatal diseases in our city. In June, 1852, the population of the city was 38,733, and on the first of January, 1854, it was 60,600. The whole number of deaths during the year 1853 was reported to be 1,206.

If we suppose the average population of the city for the year 1853, to have been 55,000, the ratio of mortality was little less than 1 in 45½, which is a trifle less than that of Philadelphia, and very much less than that of Boston or New-York for the same year.

In conclusion, I would ask for the consideration of the society the following questions, viz:

1st. How far can we attribute the immunity from cholera and all other severe diseases during the warm season, to the unusual dryness of the atmosphere throughout the North-West during the months of June, July, and August?

2nd. The excessive heat of the middle of August was marked by great fatality in New-York and other eastern cities, while here there was scarcely a perceptible increase though the temperature wasnearly the same. Was this owing to the greater accompanying humidity along the Atlantic coast, as shown by the observations detailed in the first part of this paper?

EDITORIAL.

Manual of Diseases of the Skin, from the French of M. M. Cazenave and Schedel, with notes and additions, by Thos. H. Burgess, M. D., etc. Second American edition, enlarged and corrected from the last French edition, with additional notes, by H. D. Bulkley, M. D., etc. New York: Samuel S. & W. Wood, 1852.

The researches of M. M. Cazenave and Schedel, have added much to our knowledge of this difficult branch of pathology. Following the excellent classification of Willan, as modified by Biett, they have described in a clear and graphic manner the various diseases incident to the skin. Our knowledge of the anatomical lesions in these diseases, has been so imperfect, and the difficulties to be overcome in acquiring that knowledge so numerous, that a natural classification based on the structures affected, and arranged with reference to the special pathology of these structures, is a thing almost impossible. The classification of Wilson is perhaps the most perfect attempt at such an attainment. His four general classes comprise

I. Diseases of the Derm.
II. Diseases of Sudoriparous glands.
III. Diseases of the Sebiparous glands.
IV. Diseases of the hairs and the hair follicles.

Each of these classes is divided into genera and species, the whole constituting a most beautiful arrangement for the pathologist, but of far less practical value than that adopted by our authors. In making a diagnosis of diseases of the skin, we must be guided by sight, and in order to discriminate between them we must seize upon those characters uniformly present in individuals of the class and absent in others; and which serve to define its species, while in most instances they also indicate its pathology.

The present edition contains not only the last opinions of the authors, but also the valuable notes of the translator and the American Editor.

In the article on *Scabies*, which has been entirely re-written by the authors in the last French edition, we find the following in reference to the insect producing the disease:

M. Albin Gras has studied the action of certain articles on it to ascertain what will destroy it the soonest. He found that it lived three hours in pure water; two hours in olive oil; one hour in a solution of sugar of lead; three quarters of an hour in lime water; twenty minutes in vinegar, alcohol, and an alkaline solution; twelve minutes in a solution of sulphuret of potassa; nine minutes in spirits of turpentine; from four to six minutes in a concentrated solution of hydriodate of potassa. It survived one hour in the vapor of sulphur under a watch glass. The solution of the hydriodate of potassa is therefore the most powerful agent which can be used externally with safety. M. Albin Gras has extracted them alive from a patient who had taken three sulphur baths, while he has frequently found them destroyed after a single friction with the ointment of Helmerich.

Scabies is never caused by inoculation with the fluid from the vesicles, nor by that from any other of the eruptions produced by the insect, but only by the insect itself.

The acarus scabiei is a small, round, greyish body, sometimes in motion, and at other times at rest. With good sight, and especially with a magnifying glass, the head and fore legs of the insect can be easily distinguished. Under the microscope, it presents an oval body, the back somewhat convex, on which are marked numerous fine curved lines, parallel with each other, and of unequal length in the different groups. Under the abdomen are eight legs, four of which are in front, and have at their extremities a sucker of trumpet shape, with hairs at their base. The four hind claws are without suckers, and terminate with a hair of greater or less length. The head is covered with fine hairs, and has a trumpet-shaped protuberance, shorter then those on the fore legs, with a hair longer than itself on each side of it.*

It is believed by our authors that the acarus is the sole cause of itch, that it can be communicated from a dead subject so long as the insect is alive.

With a view of destroying the parasite common salt, corrosive sublimate, arsenic, salts of copper, iron and zinc, a decoction of the leaves of tobacco, hyosciamus or hellebore, have been recommended.

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*For a scientific and much more minute description of the acarus scabiei, see *Wilson on Diseases of the Skin*, second edition, 1847. H. D. B.

Our readers will remember that a previous volume of this journal contains a short notice of Dr. Hardy's treatment, by which the time required for a cure has been reduced to two hours.

The original essay of Dr. Burgess on Glanders & Farcy is retained, although the authors themselves in the last French edition have introduced a chapter on that subject.

A case of this disease was reported in the *N. York Journal of Medicine and the Collateral Sciences* for Sept. 1853, in the person of the late Dr. Stoutenburgh of L. .I

The premonitory symptoms were those of a cold, headache, loss of strength ,pain in the joints, &c. During the progress of the disease there was observed a thick yellow coat on the tongue, pain in chest, a sense of stricture, bowels constipated, increased temperature of the surface, pulse 90, moderately full, respiration hurried, restlessness, prostration of the vital powers with a typhoid tendency, urine scanty and of a blood color ; near the termination of the disease there appeared on different parts of the body and imbedded in the cellular tissue, indurated patches, elevated above the surface and rapidly tending to ulceration. Finally, with an aggravation of all the preceding symptoms, spasmodic action of the glottis, great difficulty of respiration and delirium. There was evidently previous to death a great tendency to organic dissolution.

In this case the disease manifested its specific characters only a short time previous to death in the form of Farcy buds, as they are called.

In acute glanders uncomplicated with Farcy, in addition to the promonitory symptoms already described, Dr. Burgess has enumerated the following:

The patient complains of great heat about the nose and windpipe, accompanied with a copious viscid discharge, and with pain in the head, back, and limbs, and constriction about the chest. After a certain period, the nose and surrounding parts become swollen, hot, excoriated, and of a bright red or livid color : one or both eyes are inflamed, or completely closed ; a profuse tenacious mucus, at first of a deep yellow, but afterwards of a bloody or dark sanious appearance, exudes from the nostrils, and occasionally from the eyes ; hard, round, phlyzcious pustules appear on different parts of the body; the temperature of the skin is increased; the pulse is rapid, soft, and weak or undulating; respiration quick, weak and shallow. The tongue dry, rough, and reddish brown; the body is bathed in copious and offensive perspiration, the thirst unquenchable, the stools are slimy, and horribly fœted, the voice is weak, and the mind wandering. In the course of a few days these symptoms become still more aggravated; diffused abscesses appear in various parts of the body, especially about the joints. The fever assumes a more malignant character; the disease extends to the air-passages and lungs; fresh abscesses form and suppurate; the nose and surrounding parts become gangrenous; the perspiration is more profuse and sour; finally, a state of general collapse ensues, and death is ushered in by a low muttering delirium; the fœtor from the discharges, and from the whole body, towards the close of the disease, is insupportable.

The prognosis is always unfavorable.

We are not acquainted with any method of treatment that promises success, but we certainly should not prescribe for a patient laboring under the symptoms present in the case of Dr. Stoutenburgh under the care of Dr. Strew, calomel and antimony.

Since writing the above we have read with interest a notice of two cases of glanders cured by the administration of sesquicarbonate of ammonia in large doses, frequently repeated and conjoined with wine and tonics.

The cases were originally published in the *London Journal of Medicine* and are embodied in the report on practical Medicine contained in the last No. of Ranking's abstract.

The work is a valuable one and can not well be dispensed with by those who would make themselves familiar with the diagnosis, pathology and treatment of cutaneous affections.

For sale by A. H. & C. Burley. J.

Ellis's Medical Formulary. By R. P. Thomas, M. D. Blanchard & Lea, 1854.

"The elegant and judicious formation of prescriptions is one of the difficulties which the young practitioner in medicine is obliged to encounter." "To obviate in some measure, the inconvenience which the graduate at first experiences, the volume now offered to the public was undertaken and executed."—(From the author's preface.)

We invite the attention of the stripling in medicine to the following learned and erudite formula—page 96—Expectorants:

Syrup of Squills.

℞ Syrupi Scillæ f℥j.

Signa—Take a teaspoonful every three hours.

Syrup of Garlic.

℞ Syrupi Allii f℥j.

Signa—Give a teaspoonful to a child every three hours.

"This, like the syrup squills, is an excellent expectorant, being somewhat stimulant in its character." We advise those of our readers, if any such there be, who have not the knowledge and judgment to adapt their prescriptions to the condition of their patients to purchase the book; they will find it an indispensable volume; the scientific nature of their formulas giving them character with their druggists and patrons, with a *powerful* saving of brain labor.

For sale by Keen, Bro's & Co. J.

Carpenter on Alcoholic Liquors.

THIS excellent essay of Dr. Carpenter has been published by Messrs. Blanchard & Lea, Philadelphia, in a convenient form for mailing. Those interested in the subject of temperance, will find it replete with physiological facts, expressed in language easily understood by all.

To societies and others, desirous of distributing the work, the publishers propose to furnish it at reduced prices.

For sale by Cooke & Co. J.

Fibro-Bronchitis and Rheumatic Pneumonia. By Thomas H. Bucklor, M. D. etc. Philadelphia: Blanchard & Lea.

THE author describes a fibrous or rheumatic inflammation of the bronchial tubes separate and distinct from inflammation of the mucous membrane.

The first part of the essay consists in an enunciation of the authors position together with the authorities, especially the French, the quotations from which would have been more acceptable to most readers, had they been translated. The second part consists in reports and analyses of cases, together with the treatment.

The author has evidently studied the subject carefully and thoroughly, and his book will be read with interest.

For sale by Cooke and Co. J.

* * *

Bennet on the Uterus. Philadelphia: Blanchard & Lea.

THIS work has been in the hands of the profession since 1845, and both in England and this country has given rise to a lively discussion.

We are not among those who advocate an indiscriminate use of the speculum, in many, in most instances we believe that a diagnosis may be made without subjecting the patient to such a sacrifice, and yet we think that in the hands of a judicious and intelligent physician the instrument may sometimes be of great value. Like everything else, however, it must be made a hobby and rode to death before its real value will be determined.

Dr. Bennet's work is elaborate and contains perhaps the most clear and definite descriptions of uterine disease with which we are acquainted.

For sale by Keen & Bro's. J.

* * *

Fowne's Chemistry for Students, edited by Robt. Bridges, M. D. etc Philadelphia: Blanchard & Lea, 1858.

THIS work has been adopted as a text book by the Professor of Chemistry in Rush Med. College, which perhaps is a sufficient recommendation. The London edition was brought out under the supervision of H. Bence Jones, whose name is a guaranty for its accuracy.

We unhesitatingly recommend it to medical students.

For sale by Keen & Bro's. J.

Toulon, January 11th, 1854.

To the Editors of the N. W. Medical and Surgical Journal.

Gentlemen: I place the following matter before you, and shall be glad to see it inserted in your Journal with your opinion, and the opinion of your city society, at the latest in your Feb. No.

Truly yours,

THOS. HALL,

Sec. of the Stark County Med. Society.

Dr. A. is in attendance on Mrs. B., and on a certain day gives an unfavorable and fatal *prognosis*, with the remark that he has done all that he can do in the case—or something tantamount to it. The friends wish a Dr. C. to see her, and ask Dr. A. if he has any objection to it. Dr. A. consents to to it and immediately writes to Dr. C. an open letter for the friends to forward, in which he states that "the woman has had vaginitis, hysteritis, peritaritis, making a case of fearful and fatal import," and concluding with a request to Dr. C. to meet him (Dr. A.) at 12 o'clock the next day. The messenger that brought the letter of Dr. A. to Dr. C., brought an urgent request to Dr. C. from the husband of the patient and her father, that he should come down immediately, for in their opinion twenty-four hours was too long a time to delay a consultation in the case, it being extremely doubtful if the patient could survive that long. Dr. C. went down and prescribed for the case, and met Dr. A. at the appointed hour the next day. The Drs. were living about 9 miles each from the patient, and 6½ miles from each other—the call coming to Dr. C. at sunset or a little later.

The opinion of you and the profession, as far as it can be obtained, is requested on the following points:

Had the patient any right to send for a physician besides the one in attendance? Admitting the right, was Dr. C. in a different position to any other physician by a letter having been written to him by the attending physician? The friends being aware of the contents of the letter, did not their request for Dr. C's immediate attendance, and for him to disregard the letter all together, at once make the letter a nullity and virtually transfer the case from Dr. A. to Dr. C. Had Dr. C. a right to see the case, and seeing it, had he any right to prescribe?

[It is our opinion that Dr. C. should not have consented to see the patient before the hour appointed for the consultation, without giving or sending notice of his intentions to Dr. A., that the case was not "virtually transferred" from Dr. A. to Dr. C., and that Dr. C. had not the right to prescribe, excepting in case of great emergency.]—EDITORS.

Translated from the Gazette des Hopitaux.

On the employment of Urate of Ammonia in Intermittent fevers and European Cholera Morbus. By Dr. BAUR, of Tabinzen.

TO THE EDITOR OF THE GAZETTE DES HOPITAUX.

My Dear Confrere: I have received from Dr. Baur, of Tabinzen, Wurtemberg, a letter, which, on account of its real interest, I shall be pleased to see inserted in your following number. I have translated it literally from the German.

Accept etc., etc.

SICHEL, D. M. P.

"During the last eight years I have been making observations on the medical properties of *Urate of Ammonia;* these experiments have resulted in the discovery of two positive facts, which are not without their practical value.

In the first place I have found, that the urate of ammonia is an extremely active remedy in intermittent affections, such as intermittent fevers and periodical neuroses. After having assured myself of its effects in many cases, I have during the last summer been induced, by the advice of a physician of the Bavarian Army, to make still further experiments with this remedy in intermittent fever. In a majority of cases it had a happy effect, although at the time of these trials the intensity of the fevers was very much augmented. Ordinarily the urate was administered every two hours in doses of from 10 to 15 centigrammes in the form of a powder with sugar. A second valuable property of this substance is that which I have often proved in European Cholera. In this affection I have employed it generally in the form of lavements in quantity of 25 centigrammes, with a little starch and a half pint of water. It is necessary that the patient continue it sometime and repeat according to circumstances. In European Cholera I have not as yet found it necessary to repeat frequently, one or two applications having always thus far cut short the disease. Instead of the lavement we may use an ointment composed of from two to four grammes of urate of ammonia to thirty grammes of simple cerate. A spoonful of coffee may be rubbed each hour upon the integuments covering the abdomen. It is truly remarkable how rapidly this medicine acts when applied as a wash. It procures immediate ease from the patient, arrests the choleric evacuations, restores the stools to their normal character, renders the skin moist, establishes the pulse, and causes a cessation of the cramps. A similar effect I have seen from no other medicine.

Since, most physicians are more and more convinced that Asiatic cholera differs in no essential or specific character from European cholera, being distinguished mainly by its epidemic development, and its greater intensity, I have for a long time been desirous of experimenting with the urate of ammonia in the more severe form of the disease, but since becoming acquainted with the virtues of this remedy, I have not seen a single case of epidemic cholera. Relying on your friendship, I must therefore request you to make some experiment yourself, or to make an appeal to the physicians of the hospitals, in order that this substance may be tested in actual epidemic cholera. The preparation of the salt is very easy; it is sufficient to place uric acid in contact with canstic ammonia and evaporate the product.

It will be well to select for the first trials cases of a mild type, afterwards those of more severity. It may probably be necessary to administer it in larger doses than those which I have used in European cholera." J.

* * *

Translated from the Gazette des Hopitaux.

Academy of Sciences—Dec. 5th, 1853—*Experiments on the poison of the Rattlesnake—the effects of the poison and the means of neutralizing its absorption.*

M. D. **Brainard**, Professor of Surgery in the Medical College, Chicago, Ill., communicated the following:

His experiments were made mostly on pigeons. The serpents belonged to the species known as the Crotalophrous trigeminus, a species of which the bite is considered less dangerous than that other Crotali, owing perhaps to their less size.

The author describes the symptoms which he has observed in animals bitten, and the results of the poison as seen in post-mortem examinations. Among the latter he notes the following:

1st. A change in the form of the red corpuscles of the blood, which in animals dead from the bite, approach more nearly the spherical form.

2d. An abundance of white corpuscles, grouped together and forming mammillated masses.

3d. When death has not been rapid, a very evidently liquid condition of the blood contained in the cavities of the heart.

In the Mammalia he has also observed that in cases in which death has not followed rapidly, there is a tendency to hœmorrhage from the mucous surfaces, and sometimes an appearance on the skin of petechial spots.

Among the symptoms observed during life, one of the most apparent, and which in pigeons is very easily observed, is constriction of the glottis. Tracheotomy, so usefully resorted to in poisoning by strychnine, is naturally indicated. The result of this operation is to retard but not to prevent death. Cups applied over the wound act in the same manner; they are more efficacious, but still insufficient. Nevertheless, the application of cups, by retarding the absorption of the poison, gives time to infiltrate the wound, and the surrounding tissues, with medical substances. Those which M. Brainard has tried, are the Lactate of Iron, and the Iodide of Potassium, both in a state of aqueous solution. They are introduced into the tissues by means of a little syringe, ingeniously contrived for the purpose. By the use of these two substances, employed in proper time and with the necessary precautions, he has in a large number of cases saved the lives of animals which without this treatment must necessarily have died. M. Brainard believes that the Iodide of Potassium is more certain in its action than the Lactate of Iron.

The article was referred to a committee, consisting of Messrs. Dumeril, Magendie, Flourens and Pelouze.

In another number of the *Gazette des Hopitaux*, we find the following: Society of Surgery, meeting of Dec. 6th, 1853. M. Denonvillieres President. M. Brainard, of the State of Illinois, candidate for the place of foreign corresponding member, read a memoir entitled "On the injection of Iodine into the tissues and cavities of the body for the cure of Spina Bifida, Chronic Hydrocephalus Œdema, Fibrinous Effusions, Œdematous Erysipelas, etc., etc."

Referred to a Committee composed of Messrs. Michon, Larrey and Monod. J.

REPORT OF A JOINT COMMITTEE OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY AND THE PHILADELPHIA COLLEGE OF PHARMACY, RELATIVE TO PHYSICIANS' PRESCRIPTIONS.

[*Published by order of the Board of Trustees of the Philadelphia Coll. of Pharm.*]

The joint Committees of the Philadelphia County Medical Society, and of the Philadelphia College of Pharmacy, appointed for the purpose of considering the means best adapted to prevent the occurrence of mistakes in the compounding of the prescriptions of Physicians by Apothecaries, beg leave to report that they have given to the subject all the attention that its importance demands, and present the following hints as the results of their joint deliberations. They have taken the liberty of adding, also, a few general hints on the relations that should exist between physicians and pharmaceutists.

A. *In Respect to Physicians.*

1. Physicians should write their prescriptions carefully and legibly, making use of good paper, and, whenever possible, of pen and ink. When obliged to write with a pencil, they should take the precaution to fold the prescription twice, so as to prevent its being defaced.

2. The nomenclature of the United States Pharmacopœia is becoming annually more in favor with pharmaceutists; a statement attested by the fact that 1500 copies of the book of Latin Labels for shop furniture, published by the Philadelphia College of Pharmacy, have been disposed of within three years. Physicians are also becoming more alive to the merits of our national Codex, and they are respectfully urged to familiarize themselves with its nomenclature, and to adhere to it strictly in their prescriptions.

3. The numerous treatises on Materia Medica, Pharmacy and the Practice of Medicine, of English origin, that are reprinted in

this country, notwithstanding they are generally interlarded with the formulæ of our own Pharmacopœia, tend, nevertheless, very much to confuse the physician and apothecary, in the use and exact meaning of terms in prescriptions. To obviate the difficulties thus occasioned, the physician should, when he prescribes a medicine, which is not officinal, nor in common use, state on his prescription, either in a note at the bottom, or within parenthesis, following the article, the authority or work from whence it is derived, as "Griffith's Formulary,"—" Ellis' Formulary,"—"Braithwaite's Retrospect," etc.

4. Physicians would lesson the risk of errors in their prescriptions, and increase the chances of their detection should they be made, by observing the following hints.

1st. Write the name of the patient at the top of the prescription, unless a good reason prevents this being done, in which case, it should be expressed as for Mr. G—, Mrs. R—, or Mrs. S.'s child, or for Master T –, so as to convey to the apothecary some idea of the age of the patient.

2d. The date and name of the physician or his initials, should always be appended, and, whenever practical, the dose and mode of administering the medicine directed.

3d. When an unusually large dose of an active medicine is prescribed, as opium, morphia, elaterium, strychnia, etc., let such names be put in *italics*, and the quantity or quantities repeated in writing enclosed within a parenthesis; thus:—R Morphiæ Sulphatis grs. vj. (six grains.) Div. in chart. vj.

4th. When an active substance is to be used externally, it should be so stated on the prescription; thus, "For external application" "To be applied to the part as directed," etc.

5th. The quantities of each article should be placed in a line with the name, and not below it, and in using the Roman numerals, the *i*'s should be dotted correctly.

6th. The occasional practice of writing the directions intended for the patient in *latin*, and especially in abbreviated latin, is uncalled for, and attended with some risk; it is far safer to write them in English, and without abbreviation or the use of figures, unless these are well and distinctly formed.

B. *In Respect to the Apothecary.*

1st. The apothecary should hesitate to dispense a prescription, the handwriting of which is so imperfect as to render the writer's meaning doubtful—especially if it involves agents of a poisonous or irritating character—unless he is able, from collateral circumstances, to satisfy himself of the intent of the prescriber. In such a case he should delay the delivery of the medicine to the patient until he can see the physician, and in doing so he should avoid committing the latter, by agreeing to send the medicine when it is ready.

2d. The apothecary is justified in the same means of delay, if he, after deliberate consideration, believes that the physician has inadvertently made a mistake in the quantity or dose of the article or articles prescribed; always keeping in view the physician's reputation as well as his own. Every respectful application, in such cases, to a physician, should be met in good faith and with kind feeling, even though no error should prove to exist.

3d. In his demeanor and language, the apothecary should cautiously avoid compromising the physician, unless it be unavoidable, in which case honesty is the best policy, and the patient or his messenger should be told that it will be necessary to have an interview with the physician previously to compounding his prescription.

4th. The apothecary is not justifiable in making inquiries relative to the patient or his disease, or remarks relative to the character or properties of the medicines prescribed, that are uncalled for, or likely to convey a wrong impression, through an ignorant messenger, to the patient, excepting it to be done in a case where he has doubts in regard to the prescription, and wishes to satisfy himself, and where he should act with great discreetness.

5th. When an apothecary is asked his opinion of a physician's prescription in a manner that indicates want of faith in the prescriber, he should waive the question, unless by a direct answer he should be able to restore the confidence. When asked the nature of the ingredients, he should be guided in his answer by circumstances, avoiding to give the desired information, when he believes it would be contrary to the wish of the physician, or attended with injurious consequences. In other cases he should use his own judgment.

6th. Physicians being often unacquainted with practical pharmacy, pay little attention to the order in which the several articles entering into a prescription are arranged, with the view to facilitate the operations of dispensing. It hence becomes the first duty of the apothecary carefully to read the prescription and fix the proper order in his mind. He should, at the same time, acquire the habit of considering the quantities ordered in relation to the usual doses, and, also, the general bearing of the prescription; and a constant resort to this practice, based on due knowledge, must almost inevitably detect mistakes, if any have been made.

7th. Apothecaries should accustom their assistants to study prescriptions in this light, and to acquire such a knowledge of the doses and therapeutical uses of medicines as shall serve to guide them in avoiding errors.

8th. The apothecary, when engaged in dispensing a prescription, should, as far as possible, avoid mental pre-occupation, and give his attention fully to his task. He should acquire the habit of *always* examining the label of the bottle before using its contents, and he should satisfy himself that he has read the prescribed quantity correctly, by referring to the prescription anew before weighing out each article. It is also, a useful precaution to have bottles containing mineral or vegetable poisons, distinguished by some prominent mark.

9th. As the conscientious discharge of his duty should be the aim of every apothecary, seeing that on his correct action depends, in no slight degree, the usefulness of the physician, no pain should be spared to secure the efficiency of the medicines dispensed, whether they be drugs or preparations. The latter should always be prepared of full strength, and according to the formulæ recognized by the United States Pharmacopœia, unless when otherwise specially ordered.

10th. The apothecary should always label, and number correctly, all medicine dispensed by him on the prescription of a physician ; he should, also, invariably, transcribe on the label, in a plain legible hand writing, the name of the patient, the date of the prescription, the directions intended for the patient, and the name or the initials of the prescriber.

11th. The original prescription should always be retained by the apothecary, whose warantee it is, in case of error on the part of the prescriber. When a copy is requested, if, as in many instances, no objection can be urged, it should be a *fac simile* in language and symbols, and not a translation.

12th. In no instance is an apothecary justifiable in leaving his business in charge of boys, or incompetent assistants—or in allowing such to compound prescriptions, excepting under his immediate and careful supervision.

13th. In justice to his sense of the proper limits of his vocation, to the medical profession, and to his customers, the apothecary should abstain from prescribing for diseases, excepting in those emergencies, which occasionally occur, demanding immediate action, or, in those every day unimportant cases where to refuse council would be construed as a confession of ignorance, calculated to injure the reputation of the apothecary, and would be attended with no advantage to either physician or patient.

14th. The sale of quack or secret medicines, properly so called, constitutes a considerable item in the business of some apothecaries. Many of the people are favorably impressed towards that class of medicines, and naturally go to their apothecaries for them. It is this which has caused many apothecaries to keep certain of these nostrums, who are ready and willing to relinquish the traffic in them, but for the offence that a refusal to supply them to their customers would create. At present all that the best disposed apothecary can be expected to do, is to refrain from the manufacture himself of quack and secret medicines; to abstain from recommending them, either verbally or by exhibiting show bills, announcing them for sale, in his shop or windows; and to discourage their use, when appealed to.

15th. Having in view the welfare of the community and the advancement of pharmaceutic science and interest, it is all important that the offices of prescribing and compounding medicines should be kept distinct, in this city and surrounding districts. All connection with, or moneyed interest in apothecary stores, on the part of physicians, should, therefore, be discountenanced. With respect to the pecuniary understanding said to exist, in some instances, between apothecaries and physicians, we hold, that no well disposed apothecary or physician would be a party to such contract, and consider the code of Ethics of the College of Pharmacy and the Constitution of the Philadelphia County Medical Society as sufficiently explicit on this subject.

16th. In reference to the patronage on the part of Physicians of particular apothecaries, we are of opinion, as a general rule, that Graduates in Pharmacy should be encouraged in preference to others of the same date of business, and whilst admitting the abstract right of the physician to send his prescription where he pleases, we think that justice should dictate the propriety of his encouraging the nearest apothecary deserving of his confidence and that of the patient.

D. Francis Condie, Wm. Maybury, G. Emerson.	*Committee of County Medical Society.*
William Procter, Jr., H. C. Blair, John H. Ecky.	*Committee of Philadel. College of Pharmacy.*

We publish the above from the *American Journal of Pharmacy*, because we think it defines clearly and in the main correctly the duties of apothecaries and physicians. In our cities and larger towns, the office of prescribing and dispensing, should as far as possible be kept separate. This arrangement, allowing as it does, the physician to select from the materia medica irrespective of what he may happen to have in his medicine case, those agents best adapted to meet the therapeutical indications, and securing in the preparation and dispensing of those agents that care, which undivided attention and constant experience brings, promises for the patient a greater degree of safety, and for the practitioner a more satisfactory success than could be obtained by any other course.

We think it can rarely become necessary for the apothecary to tell the messenger that an interview with the physician must be had before the prescription can be confounded. (B. art. 3.) We cannot admit that the apothecary should ever make inquiries relative to the nature of the disease, even though he has doubts in regard to the prescription. (B. art. 4.) In such cases the physician only should be consulted. When an apothecary is asked the nature of the ingredients of a prescription, he should *always* in our opinion refer the patient to the physician. (B. art. 5.) With these reservations, and they are trifling in their character, we give our unqualified assent to to the rules laid down for the government of these two branches of the profession. They are at least applicable to Chicago. J

Obituary—Died of typhoid fever at New California, Grant County, Wis., Josiah Stanly, M. D., on the 26th of Jan., 1854.

Dr. S. was a graduate of Rush Med. College, a young man of more than ordinary talent, and his prospects for future usefulness were to say the least flattering. His untimely death will be regretted by all who know him. He located in the above place after graduating last spring, where we learn he leaves a wife and two children with many friends to regret his early death.

J. F. H.

Vaccine Virus.

PHYSICIANS and others wishing to obtain a genuine article of Vaccine Virus, can do so, by remitting $1,00 by mail or otherwise to E. L. O'Hara, Druggist, No. 24 West Randolph St, Chicago.

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ORIGINAL COMMUNICATIONS.

ART. I.—*Curative Properties of Oil of Turpentine.* By C. A. HATHWELL, M. D., of Virginia, Cass Co., Ill.

I HAD prepared a paper some time since for publication in this Journal, on the importance of the Oil of Turpentine in the treatment of various diseases, but in consequence of professional and other engagements, it laid "like a warrior taking his rest" quiet and undisturbed in my office, till my attention was again directed to it by reading the remarks of Dr. Thompson in the No. for December, 1853.

I fully coincide in the opinion of that gentleman, that it is an article too much neglected by the profession generally. When a medical student in Philadelphia, some twenty years since, Professors Coxe and Chapman both appeared much opposed to it, and were very chary in its recommendation. Judging from their high authority, I embarked in practice with early prejudices imbibed against it, but as time rolled on, and I began to do my own thinking and ceased looking through the spectacles of others, I used the article extensively, and am now satisfied it is a valuable and important remedy in ameliorating "the ills which flesh is heir to."

If worthy of record in these pages, I would submit a few cases in which I have employed it with the most unequivocal advantage.

February 10, 1850. Called to Mrs. W. S., on the Indian Creek settlement, found her laboring under the following symptoms :-

pulse small, hard, and corded, abdomen tense, complained of great pain on pressure, particularly about the umbilicus, skin dry, much gastro-intestinal irritation, difficulty in voiding urine, restlessness, anxiety, intense thirst, tongue furred, breath hot and offensive, etc. She stated she was taken with a chill, afterwards pyrexia.

I diagnoseed it a case of enteritis, bled my patient freely, ordered hops stewed in vinegar to be kept constantly to the bowels and hyd. proto. chlo. gr. viij. div. in pulv. No. 8, one to be given every hour and followed with a full dose of oil.

Feb. 11th. Patient not decidedly relieved, applied large blister over abdomen, directed emollient enemata to be thrown up the bowels in large quantities, mucilaginous drinks, etc.

Feb. 12th. Patient improved, ordered castor oil and turpentine; great objections made to the latter article, with the observation, "Why, Doctor, we use that in paint and to kill chintzes" the notable old nurse with uplifted hands and eyes dilated, disapproved of the prescription, but nevertheless under this treatment there was a gradual and general subsidence of pain, pulse became fuller and softer, moderate diaphoresis, skin soft, fecal evacuations natural, etc., and my patient rapidly convalesced.

June 4, 1850. I visited a son of Mr. P. E. R., aged 15, affected with dysentery, saw him several days. I employed the usual remedies without any decided benefit, one day better, and then again relapsing into the same state, or worse perhaps than when first called to see him. I finally concluded on resorting to the Ol. Ricini et Terebinth., and in a short time the lad had so much recovered, that my visits were unnecessary.

July 1, 1852. Visited Mrs. P., laboring under dysentery of a chronic character. The case was treated principally with the oil and turpentine, and she soon recovered.

I can observe, that in my hands I have found no agent so positively beneficial in either the acute or chronic forms of dysentery, or in any other diseased action of the mucous membranes.

For some time past I have been in the habit of prescribing the turpentine and oil in the convulsive affections of children, which are mostly attributed to worms, and with evident advantage. I now rarely employ any of the anthelmintics that are commonly recommended, but from experience place my reliance upon these two articles in combination. Their modus operandi seems to consist in relieving the stomach and intestines from any irritating matter that may have accumulated in them, and then also lubricating and healing the irritated membranes.

During the month of August, 1853, several cases of Cholera Infantum came under my management, one of which I relate, as it, with little variation, was characteristic of nearly all.

August 8. Was sent for to see a child of Mr. J. B., a fine little boy 22 months old, had almost constant watery discharges from the bowels, extremely fetid and unpleasant, stomach excessively irritable, everything instantly ejected, pulse quick, cold extremities, etc. ℞ Sub. Mur. Hyd. gr. i. c. Sacch. Alb. ℈j Pulv. Cinnam. ʒss. M. et. div. in chart. No. 10, one to be administered every hour, and a mild sinapism over the cardiac region.

Next day, found the stomach yet quite irritable, head hot, thirst great, colliquative stools, etc., ordered cloths wrung out of cold water to the head, demulcents, as flaxseed tea for drink, and tapioca, continued the calomel.

Aug. 10. Found the irritability of the stomach had abated, but the alvine evacuations very frequent. I directed small doses of the Oleag. mist. cum creta.

Aug. 11. Observed the abdomen much swollen, tenderness on pressure, symptoms of cerebral oppression, dejections of a sanious character and slimy. I commenced the use of oil and turpentine.

Aug. 13. Two days after exhibiting the above remedy, the tumefaction of the abdomen had entirely subsided, the fecal discharges assumed a more natural appearance, and the improvement general. In a few days I had the proud and joyful satisfaction o feeling and beholding that under Providence, I had been the humble instrument of rescuing that, darling child from the very jaws of death, and restoring it to the embraces of its doting parents, a pleasure that none are more competent to appreciate than the practising physician, and one especially whose peaceful mansion the insatiate archer has invaded, and stricken down its jewel.

The task would not be difficult to record some other cases in which I have employed the turpentine with marked advantage as in certain hemorrhages, etc., but as brevity is desirable in all communications, I shall forbear, having no disposition to intrude further upon the space allotted to a correspondent, to the exclusion perhaps of more important matter.

In conclusion, I must observe, that I do not recommend the turpentine as a panacea, as some physicians, I regret to say, will attach their names to a popular nostrum, and give it notoriety, but as a valuable therapeutic agent considerably lost sight of.

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ART. II.—*On the Treatment of Poisoning by Arsenic.* By Dr. W. S. Barker, Beloit, Wis.

Case. A child aged six years, son of Wm. Dyer, of this village, was poisoned by arsenic, Oct. 2d, 1858. The mother of the boy saw some rats in the house, and thought she would destroy them with poison. She put about a table-spoonful of arsenic on a plate, and being called to another part of the house, left it on a table in the parlor. Returning to the room after a few minutes absence, she saw the child leisurely devouring the poison. His mouth was filled with it, and the tongue was covered from tip to base. She made him spit out much of it, but the boy himself said he had already swallowed more than he had in his mouth at the time she detected him. Though it would be impossible to say with exactness, I should think he had swallowed not less than 30 or 40 grains. I was called at 8½ P. M., 30 minutes after the poison was taken.

Symptoms: When I arrived the patient complained of severe burning pain at the precordia; nausea; respiration difficult; pulse small, frequent, (137) and very irregular, and an unusual heat over the whole body.

Treatment: Emetic of sulphate of zinc, which acted after copious draughts of milk. He had drank water before I saw him, but had not vomited. I then filled a quart bowl with magnesia and milk, a part of which was taken and immediately rejected. The dose was repeated in like manner, until all was drank, though but little was retained in the stomach, and no benefit was perceptible.

At 10 P. M. the child seemed rapidly growing worse. Comtenance anxious; great soreness in the stomach, tremor of the limbs, retchings; in short unmistakable symptoms of arsenical poisoning. I then prepared and administered the following:

Gum. Arabic Mucilage ℥vj.
Ferri Carb. ʒij.
Cretae pptae. ʒj.

He took 3 such doses. Soon after the first dose he seemed better. The pain was much less, and the throat became moist. After the second he felt quite easy, tongue moist, skin not so hot, pulse 85 and more full and steady.

After the third dose all signs of poisoning ceased. He went to sleep and slept well for six hours. In two days he was as well as usual, and has since continued in perfect health.

Remarks. Judging from the apparent effects of the carbonate of iron in this case, I firmly believe the recovery of the patient was owing to its timely administration. I think that notwithstanding the other means resorted to, he would probably have died without this antidote.

I presume it is generally known by the profession, that in 1834 Dr. Bunsen, a German Chemist, proposed the use of the hydrated peroxyde of Iron in a moist state, as an antidote to arsenic. A case was soon after treated with it successfully; an account of which was published in the Revue Medicale.

Many experiments were afterwards tried on the inferior animals, the result of which sustained Mr. Bunsen's opinion.

Numerous trials, chemical and physiological, were then made to test the efficacy of the dry peroxyde of iron, and its antidotal power was found to be considerable when the dose of the poison had not exceeded four or five grains.

Consequently the hydrated peroxyde of iron held the supremacy and was recommended by M. Orfila and other eminent toxicologists.

No one therefore can question the value of this substance in arsenical poison. But although there is no objection to the article itself, it, like many other good and desirable things, is frequently difficult to procure.

In fact, in most places, it is not to be had at all. A practical chemist only can prepare it, and but few physicians in general practice, particularly those residing in country towns and villages, would attempt it.

Moreover it will not keep for a length of time, but must be freshly prepared.

The process of preparing it is very tedious, requiring of even an experienced chemist four or five hours time. To be sure, the dry peroxyde can be prepared with less trouble, but even this takes more time than a practitioner would like to spare after he is called to treat a case of poisoning, knowing as he must, that the sooner after the ingestion of the poison the antidote is given, the greater will be the probability of its efficacy. What, then, can he do? If he has no faith in magnesia or charcoal in such cases, and doubts whether good effects would result from bleeding, or stimulants, he would probably either trust his patients to chance or commence the preparation of the oxyde of iron. But let us stop for a moment and inquire, concerning the modus operandi of this antidote. It unites with the arsenic and forms an inert, insoluble compound, and " there is reason to believe that if a complete union could take place in the stomach *soon after the poison had been swallowed*, and before it has produced its deliterious effects, life might be saved.

But the difficulty is, that during the time necessary to prepare the peroxyde. a considerable quantity of the poison is absorbed and beyond the reach of a chemical antidote. Therefore, I would suggest that in all cases af poisoning by arsenic it would be well, after expelling as much as possible of the metal by vomiting, to administer the carbonate of iron.

In the case the history of which I have just given, the poison was taken into the mouth dry, and some water drank soon after, which, of course, promoted its solubility, and favored its absorption. The plan of treatment generally adopted, did not in the least mitigate the symptoms, which were very severe. But after taking the iron, the improvement was marked, progressive and permanent.

At the time this case occurred in my practice, I was not aware that the carbonate of iron had even been used as an antidote to arsenious acid. I have since read in the Medico-Chirurgical Review an account of two cases, which were under the observation and treatment of an experienced English Surgeon, P. L. Serph, of Welshpool.

He gave carb. ferri in both cases, and attributed the recovery of his patients to it. His first case was a boy twelve years of age, who swallowed by mistake a tea-cupful of a solution of white oxyde of arsenic, prepared by a member of the family to cure the itch. Mr. Serph thought the solution contained a scruple of the oxyde.

Case second, was an adult who had washed his body and limbs in a strong solution of arsenic, recommended by a *friend* for some malady with which he thought himself afflicted. The symptoms in both cases were severe, threatening the extinction of life, but yielded rapidly after the administration of carb. of iron in large doses.

As the use of this antidote, if I may be allowed to call it such in these three cases the only instances of arsenical poisoning in which I have known of its use, was attended with entire success, I think, I may with propriety, call the attention of members of the profession to the subject.

The want of a reliable antidote to arsenic, that could be had at a moment's warning and administered without delay, has been much deplored.

Poisoning by arsenic is not so infrequent an occurrence as some may suppose. Where self destruction is attempted by poisoning, arsenic is generally selected. "Of 548 fatal cases of poisoning, upon which coroners' inquests were held in England during two years, death was caused in 186 cases by arsenic. Of 288 cases in France, 196 were caused by arsenical compounds."

I will conclude this article, which is already longer than I designed writing when I began, by expressing the wish, that its publication may induce others to make use of this preparation of iron, and that it may prove as valuable as in the cases already cited.

Transactions of the Illinois State Medical Society, for the year 1853. "On the Uses of Turpentine; by Samuel Thompson, M.D., of Albion, Illinois.

A Dictionary of Practical Medicine, Comprising General Pathology, the Nature and Treatment of Diseases, Morbid Strictures, &c: by James Copland, M. D., F. R. S. Re-published by Harper & Brothers, New York.

"RENDER UNTO CÆSAR THE THINGS THAT ARE CÆSAR'S."

(*Continued from last Number.*)

Since the preceding part of this article was written, we have received the first No. of the *Retrospect* for the present year. It contains two articles on the use of turpentine in hemorrhagic diseases. Dr. Oke (page 201) recommends turpentine and kino to arrest injurious bleeding from piles. We will extract the first case reported by him. "A tradesman, aged forty-five, the father of a large family, had been for a considerable time subject to daily hemorrhage from the veins of the rectum. He had lost so much blood with every stool, as to become blanched and exhausted. Several medical men had been consulted, who endeavored to restrain the bleeding by a variety of remedies, both internal and external, but without success; and the patient had prepared himself for a fatal issue. Being requested to visit him at this time, I placed him at once under the above treatment. The effect was really marvellous. The bleeding was almost immediately controlled; and, what greatly surprised me, the stools, which had been of an ash color—and they are always of a light color in these cases—assumed a healthy and well digested appearance. It is therefore probable that the turpentine not only acted as a styptic, but also as a deobstruent in removing, in some way or other, the hepatic obstruction. Be this as it may, the bleeding never returned; the patient gradually regained his good looks, and has for many years enjoyed excellent health." He concludes his remarks thus: "Turpentine as a styptic for internal passive hemorrhage stands unrivalled." True, Dr., would that we could say as much for your honor. Dr. Copland recommends turpentine both by the mouth and in enemata in the same disease, and it was published long before your observations, and you knew it, and yet no allusion to him appears on the record.

es are a very common form of disease in our section of the coun-
and have their origin, we think, partly from the *fine* flour in-

variably used in making bread, and partly from the *patent pills* almost as invariably used to remove the costiveness produced by the fine flour. During a practice of nine years in England, we never met with a case of piles in the peasantry, who eat coarse wheaten or oaten bread, and take no patent pills.

Mr. Smith (*Retrospect*, same No., page 319,) relates two cases of purpura which came under his treatment the past year—the first was of a chronic character and, under the usual treatment, the amendment was chronic too. The second case was somewhat acute, and the amendment from the use of turpentine, was rapid and complete. "I certainly believe, (he remarks) that in all passive hemorrhages, turpentine will be found valuable in its effects; and in this class of diseases we must generally place purpura," and he acknowledges his obligation to Dr. Copland.

As purpura is not an infrequent disease, we will now give a somewhat lengthy extract from Copland on its treatment, but it will amply compensate the reader for its perusal. "*Viewing the disease as essentially dependent upon impaired vital tone, and cohesion of the capillaries and of the several tissues, with more or less manifest change in the blood, either proceeding from or connected with impaired assimilation and excretion.* I have hardly ever directed vascular depletion, but have prescribed those remedies which appeared to me the best suited for the removal of these pathological states; and I have never found, in the many instances in which I have prescribed it since 1817, the *oleum terebinthina* fail in removing the disease when prescribed in a suitable form or dose, or in such combinations as the peculiar features of the case required. Numerous other means will often succeed in curing this malady; but there is none so efficacious as this in the hemorrhagic states of the disease, and none which will be more beneficial, conjoined with purgatives, in the several circumstances requiring a purgative treatment. If we wish to arrest the hemorrhagic disposition, the turpentine should be given in doses varying from half a drachm to a drachm three or four times daily; and if the vital powers be much depressed, a few drops of the tincture of capsicum, or some aromatic tincture, may be conjoined with it. If it be more desirable to act upon the bowels, then it may be prescribed in much larger doses, with castor oil, on the surface of some aromatic water, or in any other mode; or it may be administered similarly conjoined in enemata. If the exhibition of it by the mouth produce *vomiting*, this occurrence may prove salutary, or may even be promoted, as tending to emulge the biliary ducts, and to remove conjestion of the abdominal viscera. If, on the other hand, it should be preferred neither to risk nor to produce this effect, or even the unpleasant sensation it may produce when thus exhibited, then the administration of it in enemata, in moderate doses, with a few drops of tinctura opii, or with a drachm or two of tinctura comphora comp., repeating the enemata frequently, or according to the period of their retention, and to their action on the bowels, will be very beneficial. If the patient complain of abdominal pains and flatulence, epithems of turpentine, or liniments or embrocations containing it may be applied over the abdomen, or frictions with these may be directed." (*Opus cit. article purpura.*)

On the 12th of last September we saw, in consultation, a case of purpura. We saw the same patient about two weeks previously suffering under a severe attack of dysentery, but was convalescent when the former disease attacked him. Perhaps it would be more correct, to call the case *hemorrhagia universalis*, for there was no portion of mucous membrane, so far as we could ascertain, through which blood did not exude, and no portion of skin fell from either ecchymoses or vibices or petechiæ. He had been judiciously and energetically treated. Tonics, stimulants and styptics amongst which was turpentine had been given as freely as the stomach would bear—the same course was continued but, apparently, without the least effect, for the general hemorrhage continued and the patient succumbed to the disease the day after we saw him. It is possible the turpentine was not given in a "suitable form or dose", nevertheless we are a little inclined to the opinion that had Copland himself treated this case, he would, in the next edition of his Dictionary, record one unfavorable issue. We approach Dysentery, and its treatment with turpentine, with some hesitation and no little diffidence. As far as we have proceeded, the cases re-
iring the use of Turpentine, have been so clear, that an obser-
Physician would be able to prescribe it without any or with

but little, doubt of its success. But such plain indications for its administration do not exist in dysentery, as in any other of the diseases for which we have prescribed it. It is true that in some stages of the diseases, and in certain conditions of the system, either the effect of or complicating dysentery, we have frequently prescribed it without doubt and without disappointment; but we have repeatedly given it, (see our report in the last transactions of the state society) with complete success, where the most striking indications for its exhibitions were generally wanting; and we were induced to use it in these cases solely from the fact—that the Diarrhœas preceding the Dysentery in the same localities were cured more rapidly by turpentine than by any other remedy or combination of remedies. These cases were treated in 1852. In the autumn of last year we gave turpentine in Dysentery without any benefit, and yet there was no difference in the symptoms, that we could appreciate, except that the disorder as far as we could ascertain, was located higher in the bowels than in the preceding year. There is a good deal about this disease we do not understand or pretend to understand. Since its first appearance in this county in 1851 it has visited us every autumn, and the treatment that was successful in the first year, has been useless, and worse than useless, in every succeeding year. Each visitation of the disease has required a different course of treatment—and such appears to be its character from the earliest records of medicine to the present time.

Dr. Copland says "The terebinthinates are valuable remedies in the asthenic and chronic forms. They were recommended by the the author (Med &. Phys. Journal, Vol. 46, page 107,) and have since been employed by several physicians. They are not contra-indicated in the inflammatory varieties, although bleeding should be premised; and when exhibited so as to act gently on the bowels, or in small enemata, they counteract the tendency to sloughing or ulceration; particularly in the asthenic varieties." There is as much information on this subject in the above extract as we can meet with any where, or we can hope to convey.

We will conclude by giving a short description of one of the worst cases that fell under our care in 1851. The patient, rather

past middle age, had mucous and bloody discharges three days before we saw him—he had been taking frequently during those days a composition of his own making—equal parts of Castor Oil, Molasses and Rum—but without any benefit—as there was hepatic derangement we proposed giving him a full dose of Calomel—to this he objected—and he was treated with sedatives, refrigerants, counter-irritation, aperients, &c. for eighteen days—the case all the time apparently tending to a fatal termination. On the fourteenth day of our attendance the right side of the face began to swell and put on an erysipelatous appearance, and we scarified it at once and deeply; on the eighteenth day a considerable abscess had formed a little above the angle of the lower jaw, it was opened and discharged about an ounce of unhealthy pus. By this time the case was almost hopeless, the patient's strength well nigh exhausted, and the discharges from the bowels almost continuous and showing a bad condition of the disease. During this visit we were somewhat surprised by another physician making his appearance, and as no intimation had been given of any dissatisfaction with us—without saying a word we withdrew from the case. (The Dr. was not orthodox.) Four days afterward, we were sent for again and the case had evidently been unfavorably progressing during the time. The first question that we asked ourselves was, "Is it of any use to give anything? and if so what?" We concluded that if any remedy would change the morbid condition of the color—turpentine would—if it would be thrown sufficiently high to reach the disease. Four ounces of turpentine mixed with the same quantity of mucilage were thrown as forcibly as it could be into the bowels; he instantly complained of excruciating pain and wished to evacuate the injection—but we prevented it by firmly grasping the sphincter and kept it retained for about a minute; he then passed it—but he complained of so much distress, comparing it to hot coals in his fundament—that we washed out the syringe and injected half a pint of cream with considerable relief. We then retired to another room and took dinner; on our return the countenance had brightened so much that we gave cautiously a somewhat favorable prognosis. In our anxiety to act
mptly and energetically, we had entirely overlooked the exco-
ng effect of long-continued irritating discharges—or we could

have partly prevented the smarting from the injection by anointing the anus and contiguous parts. The next discharge from the bowels passed in about an hour; it contained some fœcal matter, a little mucous, and blood of a vermillion tint—from this time the improvement was rapid and in three days every vestige of the disease had disappeared.. This is another case where the beneficial effect of the remedy on disease was immediately felt by the system and manifested through the countenance.

Dr. Copland recommends turpentine for the removal of Colic in almost all its varieties, and in lead Colic he gives it in large doses combined with Castor Oil. It is frequently prescribed or rather given by mothers in this county for the same disease; and there can be no doubt, from its popularity, that it is generally efficacious.

We will conclude our remarks on Colic by relating a case that has some very singular and interesting features.

Some eight years ago we were consulted by a middle aged man —he was low spirited and desponding, but had little to complain of beyond irregularity in his alvine discharges, accompanied more by a general uneasiness than actual pain in the bowels. On the most careful examination of his case, there was not anything very tangible about it, except we could perceive some degree of hardness in the left side of the umbilicus, and which we at the time thought was situated on the transvere arch of the colon. After treating the case mildly for a few weeks, we presented him before the old Peoria District Medical Society, and a variety of opinions was given as to the cause of his sickness—but, like the case itself, there was nothing very tangible in them. The case remaining too obscure for specific practice, we treated him with tonics and aperients to which a little blue mass was added, and so it progressed without any material change for some weeks, and not knowing really what to do, we gradually lengthened the intervals between our visits. The patient during this time was generally able to travel about the country. One morning we were sent for in haste, and on arriving found, that during the night he had been suddenly seized with excruciating pain in the bowels, and although he appeared in great suffering, he said it had materially abated, his bowels had not acted for three days, and for some time previously but scantily and irregularly; his tongue was loaded with a thick yellow coating, with a strip down the centre of a brownish tint, and the breath tainted, with a fecal odor: the circulation but little disturbed. On examining the abdomen, the colon could be traced nearly its whole length with the eye; its ascending and transverse portion were loaded, except about two and half inches of the left side of the arch, and there induration and contraction of its coats were very perceptible; the centre of the induration for about half an inch was firmer and more contracted than the rest. We ought to have mentioned before, that he had felt a degree of uneasiness, scarcely amounting to pain, about the indurated portion for six or seven years, and at times had suffered severely from constipation; but never equally with the present attack. The descending portion of the colon was enormously distended; perhaps it would be more correct to say, to its utmost limit. His general health was considerably impaired, and he was more gloomy and desponding than ever. We gave him ten grains of hydrarg. chlorid., three of pulv. ipecac, and the sixth of a grain of morphine, to be followed in an hour with ol. ricini one ounce, spt. terebinth. half an ounce, and ordered the bowels to be well rubbed with the common volatile liniment; and prepared an injection of mucilage and turpentine, to be administered as soon as any effect from the medicine taken, was felt in the bowels. We saw him in about ten hours after, the medicine had acted thoroughly, and the colon was completely emptied. He was now ordered to take sufficient of the oil and turpentine daily to keep the bowels gently open, and to have the same injection administered every second or third day. This treatment was continued for a week when the medicine was omitted; the embrocation alone being continued. There was no perceptible alteration in the induration, nor was any expected. In a little more than two weeks we were again sent for in great haste, the messenger stating—"although he says he feels much better, I am of a different opinion, for some gathering has broken in his inside, and he has passed such strange looking matter from his bowels, that all who have seen it are convinced he must die." We und on our arrival that he had passed a considerable quantity of adipocere—amounting as nearly as we could judge, to some four or five ounces: this was passed out of doors. We directed him to use a vessel; and during a week he came to pass adipocere more or less in every stool—several chips of wood passed, some free, some imbedded in adipocere and bones, in the same connection, which were evidently those of a squirrel. We did not give any medicine, as nature was satisfactorily doing the work. From that time to the present, his health has been good, the induration is still there, but not near as firm or wide, but the contraction evidently does not interfere with the functions of the bowel. He is convinced that the last squirrel he eat was in Ohio, some seven or eight years before the attack, and the last chips that he had chewed and swallowed, were a little over three years before. I will merely add that he is one of our most intelligent citizens, and one whose word is never doubted by those who know him.

We shall be brief in our remarks on turpentine in typhoid-fever—reserving them for our communication to the committee on practical medicine, before the next meeting of the State Society. We will give only two short extracts from Dr. Copland's article on typhoid fever—and he has precedence of Dr. Wood by twelve years, and was, we believe, the first Physician who used turpentine in this form of fever. It perhaps may be well to state that at the time he wrote, the profession in England to a man believed in the idendity of typhus and typhoid fever. "If hemorrhage from the bowels occur, it may be ascribed chiefly to exudation from the softened mucous surface, as shown by post-mortem appearances."" I have likewise employed, by the mouth, and in enemata, the spirits of turpentine, which generally proves the most active remedy of any in such circumstances. In some hopeless cases it has succeeded contrary to expectations. If the disease be far advanced or the powers of life much reduced, the turpentine should be given in small or moderate doses, and its effects carefully watched (op. cit. page 1023), published in 1835." "The *Spirits of Turpentine* are frequently productive of benefit, when prescribed in small doses, with aromaeits and spices; but a large dose may be attended by very serious consequences, when exhaustion is extreme. It is an excellent medicine in enemate, with castor-oil, chloride of sodium or other purgatives when the bowels require to be opened; or with assafœtida, or extract of rue, when there is much tympanitic distension, Substances of a similar kind, or the usual carminatives, have been directed in enemata by THOMAN and HUFELAND, in order to remove this symptom; but the injection just recommended is the most certain in its effects," (op. cit. page 1037.)

(*To be continued.*)

Valedictory Address to the Graduating Class in Rush Medical College.

By J. V. Z. Blaney, A. M., M. D., Professor of Chemistry.

Gentlemen of the Graduating Class—

You have, each of you, this evening reached a point in your own history which has doubtless been anticipated with alternating hopes and fears, as a goal to be attained, or as a rubicon to pass.

You are about to bid farewell to your preceptors and your associates, and henceforth dependent upon your own energies, to struggle for a position in a profession, whose ranks are crowded, and which numbers among its members men of age, talent, learning and experience. With few exceptions, you yourselves are wanting in three, at least, of those valuable qualifications, which others possess with whom you have to cope. It is presumed that you are youthful, while many of your professional brethren are aged; talent, indeed, you may have; a thorough knowledge of your profession you cannot be expected in the few years of your novitiate to have attained; and experience but to a limited extent can scarcely be yours. Under such circumstances it is not only customary and proper for us to offer, but you have a right to expect, from those who have been your preceptors during your course of study, in addition to a cordial farewell, some words of encouragement, of caution, and of advice. This duty I have been delegated by my colleagues to perform, and I could wish my ability were equal to my desire, to anticipate the exigencies of your future lives, and send you forth, armed at all points, to struggle and to conquer.

I will endeavor, as far as possible, in the short space within which I must limit my remarks, to present to you the most prominent difficulties which you may expect to encounter in your struggle for excellence in your profession, and the means by which they are to be overcome.

And first, I would remark that you are to *look within yourselves for the first and greatest obstacles which will obstruct your path to future eminence.* Know thyself is wisely held to be the summit of human knowledge. Could every one see as clearly the enemies he carries within his own bosom, as those which he encounters in the world, more than half the sources of human deficiency would be removed.

> "Oh! that the Lord the gift would gie us,
> To see ourselves as others see us,
> It would frae mony a trouble free us,
> An' foolish notion——"

I do not now refer to those more sordid and gross vices which beset all young men, thrown upon the cold charities of the world and their own exertions for their support, but the more subtle, and hence, more dangerous antagonists, indolence, diffidence, despondency, and indifference to the claims of the world and the profession upon their time, their talents, and their exertions.

Every man has more or less to strive against his own native indolence, but no class of men, in commencing the world, have as great temptation to be indolent as professional men, and among them none so great as the medical man.

The merchant and the mechanic find in their active duties something exciting and stimulating. The clergy have their weekly duties which must be performed. The lawyer has his term time and his justice courts to relieve the monotony of his office work. But the young physician has only his dull office and his books. In that dull office he must stay and wait the few calls with which his patience will, after a time, be rewarded. The long and tedious intervals between those few first calls must be spent with only gloomy reflections, and despondent forebodings as companions of his solitude. Days and weeks perhaps roll on, after he has opened his office, before the first call comes. Much depends upon that first call. What hopes and fears, self-confidence and distrust, what satisfaction that he now has the wished for opportunity to test his skill, and dread of assuming the responsibility of human life crowd each other through the mind of the young physician as he goes to pay his first call! He enters the house, takes his place for the first time by the bedside, unaided by his preceptor, and, for the first time, assumes the sole responsibility of a human life. If he a bold man, his self-possession may carry him through successfully; but if he be a timid and a conscientious man, he will be overwhelmed with the responsibility, and perhaps scarcely retain sufficient self-control to examine the case so as to form, in his own mind, any decision upon it. If he were only a lawyer, he could tell his client to call to-morrow, and meanwhile he would have time to examine his authorities, and perhaps consult his preceptor, and prepare a learned opinion, and that would be only a matter of dollars and cents. But alas! here there is no time to wait, he cannot go home to consult his books, for that would be to confess ignorance and abandon the case, and yet a human life is at stake. In this conflict regrets for time misspent in which the knowledge, now required, might have been gained, rises up in judgment against him and almost drives him mad. He hesitatingly prescribes something that he knows, or hopes, will not injure his patient, and hurries home to his dear old books, now prized as mines of gold, which yesterday were miserable old musty volumes not worth his notice. Now, indeed, he studies, if never before, and before he rises from his investigation he has possessed himself of all his small library contains that has any bearing upon the case in hand; and of this severe study the patient has the benefit at the next visit.

But how is it with the bold man, who has braved it through, and self-reliant, and self-possessed, succeeded in concealing from others, perhaps from himself, his own deficiencies? If he is a conscientious man, he also repairs to his office and consults his authorities; but if he is careless with his first case, he is hopelessly lost to himself and his profession. Indolence and overweening self-esteem have him in control and will lure him to his ruin. Young gentlemen, if you do not feel the responsibility of your profession pressing upon you in the earlier part of your professional career, before experience has given you confidence in your judgment and your remedies, you had better leave your profession and try something else.

As I have already said, much depends upon your first case. If your treatment proves successful, and your patient is restored to full and glowing health, the profession will be viewed by you in its most favorable aspect, and everything will wear the color of the

But should you lose your first case, and should you be a man of feeling, it will be long before the pale cheek, the lack-lustre eye, the stiffened limbs, will cease to haunt your sleeping and your waking hours. And what are the reflections which such an experience should excite? They are these:—To what cause is the death of my patient to be attributed? Is it to my indolence and consequent ignorance? This may be redeemed by future study, close application, unremitting diligence. Is it to any error in treatment or mistaken diagnosis? This may be due not to my want of application, but to my want of experience, or to the deficiencies of the science itself. If to either I am scarcely responsible for the result, as I have yet to make my experience; and I am not to blame for the deficiencies of the science up to this time. But if it be the latter, the class of cases to which it belongs requires investigation. I will undertake that investigation and redeem a life by giving to the profession the required means of saving many others. Such a determination carried out with energy and perseverance will relieve your waking hours of the load of a life, and banish the phantom from your dreams.

These should be your reflections and your resolves under the circumstances presented. But too often, disgust for the profession and a loss of confidence in its teachings, and in his own ability to ever attain any excellence in its ranks, is the consequence of an unfortunate occurrence to a sensitive man in the earlier years of his experience.

Do you wish to avoid those sleepless nights, those harassing thoughts which never fail to follow as legitimate consequences of duties unperformed, and of responsibility assumed for which you are unprepared, let me urge upon you to devote the intervals of active duty in the earlier years of your practice, in storing your minds with accurate information from all possible sources within your reach. The leisure you may then command you will never find in after life. When the ceaseless round of professional duties come upon you, you will look back with serious regret to those hours of your early history which were spent in frivolous amusements, listless idleness, or unavailing despondency.

The next point which I would urge upon your notice is, *the importance of keeping up with the constant advance of your profession.* But too often is it the case that the physician, who, during his term of study was a diligent student, and left his Alma-Mater glowing with zeal and professional pride, becomes, after a few years, a mere work-horse, performing day after day his usual routine of professional calls, and, satisfied with the pecuniary returns of his labor, settles down into a condition of perfect apathy, so far as ambition to excel or desire to add to the sum of professional knowledge is concerned. This may and frequently does occur to practitioners in cities and towns of considerable size, though from the constant attrition against other and numerous rival claimants for public confidence, the necessity of keeping pace with the march of medical science is an absolute essential to maintaining even a respectable position. Such however is not the case with physicians in villages or isolated districts. Dividing the business of the neighborhood with one or more professional brethren, and each having his own appointed ride, with none to disturb or arouse him from his professional sleep, he lives on from year to year, firmly believed by his patients to be a model Esculapius, and himself half persuaded to the same opinion, neither dreaming nor caring for any advance the profession may have made, until perhaps some stripling, fresh from the schools and well posted in everything which has been developed while he was enjoying his Rip Van Winkle sleep, suddenly appears as a rival in the field, and spite of all efforts to retain his position, strips him before he is well aware, of the life annuity he had fondly believed to be securely invested in the ignorance of his patients.

The means to be adopted to remedy any possibility of such lamentable deficiency are simple and obvious.

First to take, and diligently peruse one or more of the leading medical periodicals of the age. I would suggest to you to be in regular receipt of that journal, which best informs you of the general progress of the various departments of Medical Science, and also of the one which best represents the local interest of the profession in the region in which you may reside. The former will serve as a connecting link between you and the profession at large, the latter as a medium of communication between yourself and your professional neighbors. By the one you will be kept informed of every thing new and valuable which may be developed in the general field from time to time; by the other you will be stimulated by the example of the most energetic and best informed of your compeers to contribute your own share to the medical experience of your district.

You will thus be led to observe carefully all cases occuring in your own practice, and to institute such comparisons that while they develop the resources of your own mind may lead to results important alike to your own reputation and to the interests of humanity.

To attain these desirable results you must, however, subject yourself to a rigid and systematic course of discipline, closely to observe and invariably to record every case under your charge, which may in itself be unusual, or interesting, or which may tend to con firm, or disprove opinions or theories advanced by yourself or others. All matters of general interest to science should be carefully observed and noted, and whenever any series of observations shall have been completed, and the bearing of all the facts wel-compared and digested, it becomes your imperative duty to give to the world through the medium of a respectable periodical the results of your observations, experience and deductions.

By such a course of discipline the capabilities of your mind will be enlarged, your perceptions quickened, your interest in the profession kept alive, and you will be cheered and stimulated by the pleasing consiousness, that your sphere of usefulness and influence is extended beyond the narrow precincts of the social circle in which you reside.

Should you aim at more than mediocrity in the profession, let me recommend to you to *select as early as possible some one department of Medical Science*, to which your tastes or your locality may direct you, *and devote yourself to its study and advancement.* The science of medicine covers such an immense field that the duration one life is too short, and the opportunities of one man too limited, to appropriate all the knowledge which the labors of scientific men for centuries have accumulated. And, indeed, supposing any one man to have made his own, all the medical science of past ages, the advance of his own age is too much for his powers of application, especially when tramelled by the attention he is obliged to bestow upon the active duties of professional life.

The most then that any individual can expect, is to be able to become profoundly learned in some one department, and while making his professional reading sufficiently general to appreciate the advance in all, to be fully posted up, and have perfectly at his command the facts and details of one. Superficiality is the bane of science, and though it is asserted by some that he knows most who knows something of the greatest number of things, it is nevertheless also true that all great discoveries, and all eras in science have resulted from the concentration of the powers of scientific men to one single purpose and profound devotion to one single department of science. More particular attention to one department of science, does not however imply ignorance on inattention to others, but rather forces one, from mutual connections and in search of facts, to attain a certain amount of proficiency in others related to it. This special attention to one branch, moreover, has the effect to systematize ones study, gives it an aim and object, and forms habits of reflection and analysis. A man who reads superficially on many subjects to acquire other men's ideas, may become a walking cyclopedia of learning, but is not apt to become an original thinker. But let him severely confine himself to the perfect comprehension and rigid analysis of any one subject, and he soon ceases to take other men's dicta as truths, and begins to think for himself. He has then made one step toward that independence of thought, which properly directed may lead to the conception of new and great ideas. I would not for a moment undervalue general erudition, a man of studious habits employs his hours of relaxation from real absorbing study, in storing up general information, which will aid in his one great purpose. But it does not as has been asserted tend to contract one's intellect, to devote oneself to one great and special object. It may perhaps so appear to those who cannot appreciate one's aims or objects, just as it may be possible that a man whose fame is world-wide may be a person of but little consideration in his own village circle.

It is perfectly practicable for a practising physician, if he is well grounded in the rudiments and general literature of the profession in early life, to keep himself well informed in regard to new discoveries in all departments of the profession and still persue more profoundly one particular branch. The early selection of a favourite branch has other advantages. It guides one in the formation of his library, which in isolated districts is important from the difficulty of access to work of reference. It throws him into correspondence with members of the profession devoted to the same subject and he reaps the advantage of their advice, their criticisms on his own views, and the stimulus of their sympathy. In proof of the importance of the course I am recommending, look at the names of those most eminent in the profession for originality of research, at home and abroad, and you will find them all men specially devoted to one subject, it may be physiology, pathology, surgery, minute anatomy, or some other. Such are the men who make the progress of medical science, while the men of general reading without specific object assume the lower station of compilers, book makers, and journalists.

Again I say that I would not depreciate the value of general reading. If any man *should* be particularly well read in all departments of natural and mental science, that man is the physician. He has to deal, in his professional studies and duties, not only with the phenonomena of matter, but of mind also. The influence of the mind in producing and modifying disease, in favoring or impeding the action of remedies, is so great, that the knowledge or ignorance of mental science, and of human passions and feelings will often make a wide difference in the success of practice of two physicians, in other respects, equally qualified. A thoroughly educated physician should then be a man of universal attainments. These attainments are to be considered a part of his primary education, and if not early acquired will be felt to be a deficiency until supplied. If however the groundwork be laid in early life, the full development will constantly progress, by an amount of study in after-life, which will not be viewed as laborious, but as giving variety, and hence relaxation, to the pursuit of more special subjects.

Another suggestion I would make—*to loose no opportunity of enjoying the intercourse of your professional brethren; especially when convened for mutual improvement in County, State, or National Societies.* Such meetings are not alone useful in deciding matters of professional etiquette, and promoting the welfare of the profession at large, but mainly, as I conceive, in stimulating individuals to increased effort, by contact with others equally or better informed than themselves, and exciting professional zeal, and the love of science *for itself*, and disconnected from pecuniary interests. In conventions of this kind, every man soon finds his own level. Those less informed finding themselves behind others, are stimulated to supply their deficiencies, and indeed may learn, for the first time, what their deficiencies are. This knowledge is often difficult to attain except by comparison with others, but when attained is the first step toward reformation.

Those meetings also recall to each individual matters in his own experience, which may have little prominence in his own mind for want of their proper bearings or relations. The remarks of another will occasionally throw new light upon facts of his own observation, and supply the connecting links which may lead to important deductions. Add to this the pleasures of professional intercourse, and the enlargement of one's circle of professional acquaintances, and the importance of this suggestion will be perceived.

Fix your standard of professional excellence high, and aim to attain station equal to the highest. Many men of excellent capacity have attained but mediocrity by fixing their standard of acquirement too low; many by an unfortunate location, which has brought them into contact with men, their inferiors in capacity, and of but medium acquirements, have satisfied themselves with distancing with ease their inferior competitors, and satisfied with their local reputation, have ceased from future exertion, and thus the world has lost the higher results it was within their power to have achieved. Let it not be so with you! Do not cramp your aspirations for high attainment by comparison with these around you merely, but compare yourselves with those who have done the most and the best for the profession, and cease not to labor till they acknowledge you as their compeer! You may, indeed, fail in your highest aim, but you will at least win higher than if your aspirations were lower. Be not daunted with difficulties! Despondency and the dread of failure belong to weak minds. "In youth's vocabulary there is no such word as *fail.*" But at the same time be not presumptuous! The disposition to overvalue one's self, is not the result of high aspirations or of comparison with one's superiors. If at any time you begin to feel superior to your professional associates, stop and ask yourself if you have no superiors, and then, in the consciousness of your own inferiority to others, be incited to nobler thoughts and feelings.

I have thus endeavored, gentlemen, to lay before you in a brief outline some of the principles which should guide you in pursuance of the duties devolving upon you by the assumption of the responsibilities of the medical profession. I might have extended my remarks much further and been more specific, but my parting words to you have been only intended to be suggestive of the demands of the profession and the world upon your talents and exertions, rather than of the special duties of individual practice. Of this duty one of my colleagues has relieved me by an address to you some days since, in which the relations of physicians to their brethren and their patients have been explicitly laid before you, and the moral obligations of your position in community defined.

It only remains for me on behalf of my colleagues and myself to bid you an affectionate farewell, and remind you that in closing our relations as preceptors and pupils, our interest in you, and your responsibility to us does not cease. You leave us to enter upon the duties of a profession which, next to Deity, holds the keys of life and death. It is for you to show, by your future uccess or failure in its arduous practice, whether or not we have rformed our part towards you, and you have profited by our instructions. If we have failed in our duty to you, the responsibility of your acts rests with us; but if you are conscious of not having improved, to the fullest extent, the opportunities we have afforded you of a sound medical education, the moral load lie upon your own shoulders, and will only be relieved by persevering endeavors to redeem the time lost by your own neglect.

Nor is this all. You, each of you, go forth certified by us as prepared for the practice of the medical profession, and for the use made of that certificate, we must hold you responsible. Are you conscious of deficiencies, which you have succeeded in concealing, from us? we demand that you repair them to the utmost of your abilities and opportunities, that we, your instructors, and the Institution which acknowledges you, may not be charged with committing a fraud upon the public, or stand sponsors for the health and lives of patients, lost through your neglect. But while conjuring you thus, gentlemen, we confidently hope better things of each and all of you. For the past ten years the Institution which endorses you has depended for its reputation on the success of its graduates, and thus far, classes increasing in numbers and intelligence have, by seeking our halls for instruction, borne witness annually of the confidence of the public. With you, gentlemen, it remains, in a measure, to show whether or not this confidence shall be diminished or strengthened, and we hopefully trust that you will not disappoint our expectations. Remember, too, that you have a life-right in the course of instruction in your Alma Mater, and as the facilities of communication increase, and our means of teaching improve, by the constant additions we propose to make to our library, cabinets and museum, and continued endeavors to equal the best schools of our country, we expect you to embrace the opportunity afforded you, by occasional return, to reap the benefits of all improvements we may make. And when we, gentlemen, who have been your ushers to the threshold of medical science, shall have finished our work, may there be found among you those who will be ready prepared to fill our vacant places, and do more and better for the science and humanity than we have done.

Once more farewell, and God speed you in your work!

EDITORIAL.

A Treatise on General Pathology; by Dr. J. Henle, Professor of Anatomy and Physiology in Heidelberg. Translated from the German by Henry C. Preston, A. M., M. D. Philadelphia: Lindsay and Blackiston, 1853.

Principles of Medicine: comprising General Pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semeiolagy, Diagnosis, Prognosis and Hygienics; by Charles J. B. Williams, M. D., F. R. S., &c., &c. Edited, with additions, by Meredith Clymer, M. D., &c., &c. Fourth American edition. Philadelphia: Lee and Blanchard, 1853.

THE two works, the titles of which are given above, may be taken as able and extremely valuable exponents of two essentially different classes of investigators.

The first is the production of an eminent German scholar, and is an interesting representation of the *theoretical* or transcendental tendencies of medical philosophy.

The latter is the production of an equally accomplished English scholar and physician, and represents, with equal truth, the "matter of fact," empyrical and inductive tendencies of modern pathology. The first, in his introduction, says: "Two systems contend for the superiority, which we must compare more carefully than has ever been done, and which we must separate more rigidly than has ever been possible in practice, in order to know the value of each, and to establish peace between the champions of both sides." These two systems he describes as follows, viz.: "One system, by consciously abandoning all investigation into the *first cause* and the internal connection of symptoms, describes the form of disease according to the external phenomena: its descriptions furnish only substitutes for sensible impressions: its names are not definitions, but only *nomina propria*, and are so much the more welcome the less a definite idea attaches to them: and should need a word, for example, inflammation, it designates thereby nothing but the association of "redness, heat, tumefaction and pain."

"The *second* system, which has been called the Theoretical, Physiological, or Rational, endeavors to take up the symptoms in their dependence on each other, and in their connexion with internal changes, and considers these changes as the consequences of external influences upon the organic matter which is endowed with its own inherent vital powers. The causes which it thinks it has discovered as the occasion of the symptoms, this system substitutes for the symptoms where it describes diseases; it loves to note the exact direction which the operation of morbid changes takes, and exchanges, for instance, the name, 'inflammation,' for such names as 'increased plasticity,' 'hyperæmia,' 'stasis' and others. Again, theoretical medicine searches after the absolute nature and power of the remedy, and after the so-called physiological effect, that is, the mode and manner by which the substance and vital power of the organism is altered." After comparing these two systems, which he styles Empyrical and Rational, at considerable length, he concludes with the following just remarks:

"We conclude—that as pure empiricism is not sufficient for all cases, and only in a very few can be our sole therapeutic guide: as we cannot help proceeding, in particular cases, according to particular reflections, which can only arise from our views of the importance of the symptoms and the nature of the remedy: so it is our duty to search as deeply as possible into the nature and internal connection of the phenomena in which we shall interfere.

I think I have demonstrated in the foregoing why there is a rigid separation of the empirical and the rational systems, which, as I remarked in the beginning, cannot be carried out in reality. The rude characteristics of both which we have sketched, suffices to show in how intimate and indissoluble a connection they stand, and we demand only what both parties tacitly, and even contrary to their expressed assurance, have already accomplished, when we expect every one to be at the same time empiric and theorist. Therefore, should not only the mutual deficiencies of empirical and theoretical medicine be supplied, but both should be reciprocally promoted where they can be simultaneously applied."

After thus defining the empirical and rational systems and their relations to each other, Dr. Henle proceeds in his introduction to give a brief and interesting, though very imperfect, history of medical systems from the earliest ages to the present time. The body of the work, which is intended to be a complete treatise on *General Pathology*, is embraced in four chapters, with the following titles, viz:

"1st. The Inquiry into the Idea and Nature of Disease.

"2nd. The Doctrine of the Causes of Disease in General, or General Etiology.

"3d. The Local Relations of Disease; the Conditions of its Propagation in the Organism; the Manner of its Transition from one Organ to another.

"4th. The Relations of Disease in regard to Time, or the General History of Disease, its course, Duration and Termination."

The third chapter occupies a large part of the book, and chiefly relates to the local relations of disease and the mode of its propagation from one organ or tissue to another, until it involves, more or less, the whole system. Dr. Henle evidently regards the nervous system as the principal medium through which the organs are placed in relation with each other, both in health and disease. Hence, a discussion of the healthy and morbid, or "normal and abnormal," *sympathies*, through the various divisions of the nervous system, constitutes by far the most prominent part of the work. Only three or four pages are devoted to what the author styles "normal or healthy sympathies through the medium of the blood." And less than half of that space to the "abnormal sympathies" through the same medium. We have looked through this work in vain to find a clear analysis of those complex morbid phenomena that constitute the great leading classes of disease, or that concise statement of facts in relation to the changes which take place in the solids and fluids of the system, that the reputation of the author had led us to expect. On the contrary, much of the book is written in vague and indefinite language, requiring repeated reading to get fully the meaning of the author. This may be, in part, the fault of the translator. Still, the work of Dr. Henle may be read with interest and profit, both by the student and the parctitioner.

The "Principles of Medicine," by Dr. Williams, is too well known o require any extended analysis at this time. In its general avoidance of mere speculation, its careful collection of facts, and its detailed account of the changes in the composition and movements of the blood, it contrasts strongly with the work of Dr. Henle. The work of Dr. Williams embraces a pretty full consideration of Etiology, Pathology Proper, Semeiology, Diagnosis, Prognosis and a brief view of Hygienics. Under the second head, the author enters upon the inquiry into the nature of diseases, by first considering the elements that enter into their composition; thereby adopting the only philosophical mode of investigating complex morbid phenomena. And we have no hesitation in recommending the "Principles of Medicine" as the best text-book on General Pathology that we possess. Still it is defective in several important particulars. For instance, in speaking of the primary elements of disease, the author makes no distinction between those *elementary properties* which are common to all living matter, and those primary *functions* which belong to particular elementary structures. Indeed, he seems not to have recognized the existence of the former in any way as properties distinct from the primary functions. This omission almost necessarily led to one or two others of still greater importance. Hence, in considering the *elements* of that complex morbid process which we call inflammation, he enumerates only the changes in the movements and composition of the blood, without any reference to the coincident changes in the properties of the solids. His pathology of inflammation is consequently too exclusively humoral; not because he has invested the changes in the movements and composition of the blood with undue importance, but from the omission to place along with them the equally essential and primary changes in the properties of the tissue which constitutes the seat of disease. The same failure to recognize and clearly define the elementary properties of living matter, led to the entire omission of any attempt to analyze the phenomena of idiopathic fevers, or to explain their pathology in any manner. This constitutes the *great* defect of the work; and one that will be felt and regretted by every careful reader. The analytical method adopted by Dr. Williams is the only successful method of cultivating pathology, whether general or special; and notwithstanding the defects which we have pointed out, we again commend his work to the patronage of the profession. The additions made by the editor, Dr. Clymer, are judicious and valuable.

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Clinical Report on Chronic Pleurisy, Based on the Analysis of 47 Cases; by Austin Flint, M. D., Prof. of Principles and Practice of Medicine in the University of Buffalo, N. Y., and in the University of Louisville, Ky.

Clinical Report on Dysentery, Based on Analysis of 49 Cases; with Remarks on the Causation, Pathology and Management of the Disease; by Austin Flint, M. D., Prof. &c., &c. Buffalo: printed by Jewett, Thomas, & Co, 1853.

The first-named of the above Reports is a monograph of 58 pages. The cases which constitute the basis of the work, are thus described by the author:

" A considerable proportion of the patients were either seen in consultation, or applied simply for a physical examnation of the chest. Under these circumstances, a general sketch of the previous history only was noted, and in several instances the farther progress and issue were not procured. The cases, moreover, came under my notice at different stages of the history, and the notes of some were made after recovery from the disease. The data which I have collected are, thus, manifestly inadequate for the positive and negative results of a complete numerical analysis. To this character the present report can have no claim. My only expectation is to present a small contribution towards the cultivation of field of clinical study of great practical interest, which, from the difficulty of aggregating facts, or other causes, has hitherto been neglected. The number of cases, of which I have preserved notes, is *forty-seven*. These have occurred, some in hospital and others in private practice, for the most part during the last eighteen years. A few are of an older date. For convenience of consideration and reference, they admit of being distributed into several groups. One of these groups will embrace the cases which came under observation while the disease was progressing either favorably or unfavorably. Another group will include cases in which the diagnosis and history were retrospective, that is to say the facts were obtained at a period more or less distant from the occurrence of the disease, being restricted in a great measure to its consequences or sequelæ. Another will embrace cases of circumscribed, as distinguished from general pleurisy. Another will embrace cases of pleurisy from perforation, constituting the affection known by the incorrect title of pneumo-hydro-thorax. I shall speak of these several groups, excepting the first, under distinct heads, but with reference to some points of inquiry it will be proper to examine the cases collectively, disregarding the foregoing divisions."

From this, and still more from a perusal of the subsequent pages of the work, it will be seen that only a part of the cases included in the forty-seven were actually kept under observation, and the phenomena recorded in such a manner, as to make them valuable for analysis.

One of the greatest defects in the present habits of medical practitioners is the neglect to record from day to day full notes of the more important cases of disease occurring under their observation.—Our literature is filled with mere statements from memory—loose generalizations—many of which would be essentially modified by a comparison with an extensive and detailed record of cases, made *while the cases were present* under the eye of the observer. I know it is alleged that the active practitioner has no time to make such a record. And in many instances the allegation is true if an attempt is made to record, at the same time, all the cases of every kind of disease that the physician meets with. But I believe every physician, however large may be his practice, *can, if he will*, keep a detailed and reliable record of all the cases of any *one* sease that he may meet with. And if this were done in relation to one disease for *one* year, and another the next, and so on, he would not fail to accumulate in a few years a most valuable collection of facts for comparison and deduction. In respect to fullness in the recorded history of cases, I confess to have been disappointed in the monograph of Dr. Flint. Neither do I find in looking over its pages somewhat carefully, any important additions to our previous knowledge of the pathology and treatment of chronic pleurisy. Still the essay is well written and valuable; and should be found in every physician's library.—The truth of the following paragraph in reference to diagnosis should excite in the minds of the profession more careful attention to this subject:—

> The number of cases in which errors of diagnosis are noted to have occurred, is eighteen. Of these eighteen cases, in four the disease had been treated as latent intermittent fever. This error was based, in two instances, on the fact that chills were pretty prominent, and in the other cases on the fact that the patients had been exposed to miasmata. In four cases the disease was supposed to be phthisis. In two cases the patients were thought to be laboring under continued fever, and in one case the disease was developed in the course of fever and overlooked. In the remaining seven cases, the supposed affection was in each case different. The following is a list of the diagnostic views that had been entertained: Disease of the heart, abscess between the pleura and walls of chest, bilious fever, hepatisation of lung, liver complaint, general debility, and some pulmonary affection the nature of which was confessedly not known.
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> The diagnosis of Chronic Pleurisy, with the aid of physical exploration, is as simple and sure, as it is difficult and doubtful when the sole dependence is on the symptoms. Flatness on percussion extending from the bottom of the chest, upward, over the whole, or a considerable portion of one side, anteriorly, posteriorly, and laterally, and absence of respiratory sound, would alone lead to a correct diagnosis, with some very rare exceptions. A tumor filling the chest on one side, in part, or entirely, constitutes almost the only morbid condition in which the above combination of signs is presented, exclusive of liquid effusion. Solidified lung rarely, if ever, occasions the same absolute loss of sonoriety, in the same situation, and to the same extent, coupled with absence of all respi-
> tory sound; and, on the other hand, the presence of a bronchial
> piration in cases of large liquid effusion is an anomaly of which
> ; a few instances are on record. But aside from the above com-
> ation, if the liquid effusion be large, as it generally is in Chro-

nic Pleurisy. we have the enlargement of the chest on the affected side, its comparative immobility, the widening and elevation of the intercostal spaces, the displacement of the heart if the affection be seated in the left side, the contraction of the affected side after the liquid effusion has been removed wholly, or in part, by absorption, the change of level of the fluid if the quantity be moderate and the pleural surfaces free, a friction sound in some cases, the absence of the vocal fremitus frequently appreciable on the sound side, and occasionally the œgophonous modification of bronchophony. With the assistance of more or less of these collateral signs, the discrimination is easy and certain. Reference is now made to Chronic *general* Pleurisy. Circumscribed pleurisy may involve difficulties in the way of diagnosis to which it will be more appropriate to refer in another connection. To treat of the diagnosis at any length, does not fall within the scope of this Report. After indulging, however, inthe few foregoing remarks, I may briefly allude to one or two points of practical interest which are incidentally connected with the subject.

The second paper whose title has been given above contains 90 pages, and consists of two parts.

The first part contains a statistical or rather numerical analysis of 49 cases of dysentery, occurring in the city of Buffalo, N. Y., during a series of years reaching from 1838 to 1853. The second part is in the form of a Supplement, and contains a brief account of the Morbid Anatomy of Dysentery as given by Rokitanski, with remarks on the causation, pathology, and management of the disease.—The following quotation will give the reader a correct idea of the materials and arrangement of the first division:—

> Among the notes that I have collected of diseases occurring in private and hospital practice, are embraced histories, more or less complete, of sixty cases of dysentery. On examination of these cases with a view to analysis, eleven were rejected in consequence of the patients having come under observation quite late in the progress of the disease, and the records being very imperfect. In two of these rejected cases the isue was fatal; in the others, either recovery took place, or the disease continued when the patient passed from under my observation. The residue of cases, after this elimination, amounted to forty-nine. These cases I have subjected to analysis. Taking up the several histories in succession, every thing noted in each history relating to the objects of inquiry contained in a series of sections, has been selected and arranged, each in the particular section to which it appropriately belongs. The sections are as follows:

1. Name. Age. Sex. Occupation. Season and year, Previous health and Constitution. Duration of disease before coming under observation.
2. Circumstances attending the access of the disease.
3. Symptoms referable to the Digestive System.
4. Symptoms referable to the Circulatory System.
5. Symptoms referable to the Nervous System.
6. Symptoms referable to the Skin.
7. Symptoms referable to the Respiratory System.
8. Duration of disease to death or convalescence. Mode of dying. Relapses. Fatality.
9. Supposed causative agencies.
10. Subsequent health. Recurrence of the disease.
11. Treatment, and immediate (apparent) effect of remedies.

It would appear from the analysis of Dr. Flint that age, and season of the year, both exerted a decided influence over the prevalence of dysentery. Thus of the 44 cases in which the age was noted, 30 occurred between the ages of 19 and 33 years. And of the same number of cases, "six occurred in July, *seventeen* in August, *nineteen* in September, and five in October, making the whole number save one," which occurred in March.—Of the whole number of cases in the collection, 26 occurred during the summer of 1849, when epidemic cholera prevailed severely in that city. The dysentery was most prevalent as the cholera epidemic subsided.—In the summer of 1852 the cholera was again prevalent in Buffalo, but it was not accompanied or followed by dysentery as in 1849.

Of the 14 cases recorded by Dr. Flint previous to 1849, all of which were sporadic cases, *none* died. Of the 26 cases recorded during the summer of 1849, *four* died. These facts show in a clear light not merely the influence of the season of the year in determining the number of cases, but also the influence of epidemic agencies in determining their *fatality*. In the treatment of dysentery the writer seems to have limited himself chiefly to the use of calomel and opiates, with occasional astringents and laxatives. He divides the whole number of cases, (49,) into two groups. The one consisting of 23 cases, were all treated with calomel, or calomel and opiates internally, aided in some instances with opiate enemas. Of these 5 terminated fatally.

The other group, consisting of 26 cases, were all treated with opiates aided by anodyne and astringent enemas, without any calomel or mercurials in any form. Of these, 6 died. The average duration of the treatment in both groups, was very nearly the same. The practical inference to be drawn from these numerical statements of the author, is, that *calomel* is simply *useless* in the treatment of dysentery; an inference which goes far to prove the fallacy of the mode of comparison, and indeed the faultiness of all merely numerical results when applied as rules of practice. If all diseases were caused by specific agents, and all remedies acted simply as antidotes, it would be easy to determine by numerical results the relative value of each article. But while dysentery, like most of the acute diseases, arises from a variety of causes and presents essentially different symptoms in successive seasons, and at different stages of its own progress, it will require for its successful treatment such a variety of means as will serve to fulfil accurately the indications presented by each individual case, and at each stage of its process. An attempt to determine the value of a remedy in the treatment of an acute disease by giving it in twenty or thirty cases successively, and continuing it in all stages of the disease, is just as absurd as it would be to put the same sized clothes on twenty successive babies and then attempt to make the same fit all the way up to adult life. I do not wish the reader to infer that Dr. Flint has pursued any such indiscriminate practice; and yet the two following cases come not far short of it:—

No. 3. On the evening of the day on which dysenteric discharges appeared, 4 grs. of calomel were prescribed, and the remedy continued in doses of grs. ii. every two hours, until 12 grains had been taken. The so-called bilious stools not being produced, another dose of grs. iv. was given. Copious green evacuations followed. To these succeeded profuse sero-sanguinolent discharges, and great prostation. The disease ended fatally on the third day after this treatment was pursued.

No. 4 At the commencement of the disease, calomel was given in doses of grs. ii, every four hours, with enemas of a solution of the sulphate of morphia and kreosote. Continued only for one day, and the sulphate of morphia substituted. On the seventh day, (symptoms becoming worse,) calomel again prescribed in doses of grs.i. ss., every four hours. On the eight and ninth days, improvement. On the tenth day (calomel continued) the discharges became sero-sanguinolent, the pulse rose rapidly in frequency, and the case ended fatally on the eleventh day. . . .

Here is one case with no mention of anything but calomel from the beginning to the end, and yet from its rapid progress and the character of the discharges it was probably one of a highly congestive or *choleraic* character; and another in which calomel is given three or four days in succession in the advanced stage of the disease, ending only with the termination of the case on the eleventh day.—That such cases afford no evidence whatever in regard to the value of calomel in certain forms and stages of dysentery, every reflecting reader will perceive. Every experienced practitioner knows that dysentery varies exceedingly in phenomena, both local and general; and consequently that the indications for treatment are equally variable. This is fully illustrated by Dr. Flint's cases. Thus of 14 *sporadic* cases recorded by him between 1838 and 1849, none proved fatal. But of 37 epidemic cases recorded during the years 1849-50-51 & 52, *ten* terminated fatally. Now, to include all these cases in one category, give the same remedy in all, and then endeavor to estimate the value of the remedy by the numerical results, is to include as identical, things essentially diverse, and none other than fallacious results could be expected. What is called the "*numerical method*" of investigation may be applied to certain branches of medical inquiry; and when restricted to such branches it is of great value. But from the very nature of acute diseases—their variableness in different seasons, and the variable circumstances and conditions of the vital forces at different stages in the progress of the same case—this method cannot be applied to special *therapeutic* investigations. That there are certain cases of dysentery in which calomel, given in a proper manner in the early stage, is a very valuable auxiliary remedy, very few will doubt. That there are other cases in which it would positively do harm, I am quite certain. That it is generally useless if not positively injurious in the advanced stage of the disease, is equally true. The true and only method of investigation, then, is not to group all cases together and deduce numerical inferences, but to compare carefully the phenomena of each case, and at each stage of its progress, for the purpose of ascertaining the actual differences or variations, and the exact application of particular remedies in accordance with such changes. These criticisms are aimed not merely at the work of Dr. Flint, but at the method of investigation which he has adopted, and which many seem disposed to apply in a manner not calculated to lead to any beneficial results. After having extended these comments much farther than I intended, I will only add, that the little monograph before me, entitled "Flint's Clinical Report on Dysentery," is a valuable addition to our medical literature, and is worthy of a place in every physician's library. And moreover, I hope the industrious author will live to make many more such. N. S. D.

The American Medical Monthly.

THIS is a new Journal of 80 pages, published under the auspices of the Faculty of the New York Medical College. Dr. Edward H. Parker, formerly of the N. H. Med. Journal, is the editor. Dr. P. is a fine writer, and well qualified for the position which he occupies.

We are not sufficiently acquainted with the wants of the Profession in N. York city to judge whether the new candidate for popular favor has been born prematurely, or whether it has been called into existence by the exigencies of the Profession. One thing is certain, the Faculty of the N. York Medical College believe that their own interest demand it, and that, of course, is a sufficient reason why it should be published. We do not object to any body's name, but we cannot avoid the thought that "*The New York Medical Monthly*" would be more appropriate. From the seven Professors whose names appear on the title page, all interested in one of the medical schools of the city of New York, we should hardly expect a national journal. This conviction is forced upon us, notwithstanding the claims put forth in their salutatory, that, "In our enterprise we know no East, no West, no North, no South. We seek to render the Journal subservient to the interest and elevation of the Profession throughout America."

The numbers of this work received are creditable to the editors and publishers. J.

National Medical Association.

We hope our readers and the profession generally throughout the whole North-West, will remember that the next annual meeting of the American Medical Association will be held at St. Louis, commencing on the first *Tuesday* in *May*.

The time is near at hand. Delegates should be appointed by every regularly organized State, County and City Society. Each is entitled to one delegate for every *ten* of its members. Let such be selected as will be certain to attend. All the meetings of the Association heretofore have been highly interesting. Whether this one shall be equal in numbers and interest to any that have preceded it, depends much on the Profession in the West. Let every member of the Profession, then, feel a personal interest and pride in this matter.

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Rush Medical College.

The annual session of this Institution for 1853–4, closed on Wednesday the 22nd of February. The term was a very pleasant and successful one. The public commencement was attended by a large audience, and the Valedictory Address, by Professor Blaney, was listened to with great pleasure. The latter will be found in the columns of the present number, and will be read with interest by the Profession. After the public exercises closed, the graduates, the members of the class remaining in the city, and invited guests, repaired to the Sherman House and sat down to an elegant supper, provided for the occasion. After doing justice to the delicacies provided for the physical man, a most animated and pleasant intellectual feast followed. A series of appropriate sentiments and happy responses were kept up until a late hour; thereby adding another to the many proofs that no artificial *stimuli* are necessary to beget or maintain the highest degree of social enjoyment and intellectual repartee. The following are the names of the Graduating Class for the session of 1853–4, with the title of their theses:—

J. M. Edwards,	Rubiola.
C. W. Davis,	Tires or Milk-Sickness.
J. T. Mayfield,	Cholera Morbus.

H. C. Morey,	Effects of the Mind upon the Physical System.
W. A. Hillis,	Inflammation.
E. Hopkins,	Medical Diploma.
R. S. Hallock,	Dysentery.
I. N. Davis,	Venesection.
J. W. Collver,	Acute Peritonitis.
M. W. Robbins,	Inflammation.
R. L. Hale,	Phthisis Pulmonalis.
T. P. Seller,	Nature and Distribution of the Food of Animals.
J. B. Morrison,	Etiology.
C. C. Cornett,	Inflammation.
S. P. Root,	A Page in Chemistry.
David Whitmire,	Mercury.
H. W. Man,	Digestion.
A. W. King,	Etiology.
J. F. Hamilton,	Acute Hepatitis.
G. W. Slack,	On Opium.
T. D. Fitch,	Hypertrophy.
R. M. McArthur,	Origin and Progress of Medical Science
J. W. Lynch,	Phthisis Pulmonalis.
E. P. Wood,	Fever, its Pathology and Classification.
W. Manson,	Miasmatic Fever.
W. M. Avery,	Semiology.
M. W. Fish,	The Study of Medicine, its Tendency.
J. N. B. Elliot,	Pneumonia.
Wm. B. Swisher,	Physiology of Generation.
Wm. Watson,	Quinia.
Reuben Sears,	Scarlatina.
S. P. Yeomans,	Contagion.
C. D. Watson,	Albumenuria or Bright's Disease.
A. Boomer,	Typhoid Fever.
J. N. Niglas,	Dissertation on Dropsy.
W. Brenton,	Dysentery.
H. Fisk,	Scarlatina.

☞ [We cheerfully give place to the following letter handed to us by Prof. Davis.]—Eds.

Buena Vista, Stephenson Co., Ill.
Feb. 27th, 1854.

Prof. Davis,—Dear Sir: While visiting your place, I wished to state a case to you that occurred in my practice, but your time being precious at that time, I did not wish to intrude upon it. I have therefore taken the liberty of communicating it to you from my case book. It was to me rather a singular case. I have mentioned it to several of my medical brethren, none of whom having met with anything of the kind. Should you consider it of sufficient importance, you may please hand it to the editor of the "Journal." I was called to see Mrs. M——, in labor with her third child, August 25th, 1853, at 1 A. M. When I arrived I found her in a severe pain. I immediately made an examination, and found the head rising under the pubes. The next pain brought a very small male child. In making manipulation over the abdomen, I found it remained as large as before the expulsion of the child. In about fifteen minutes slight pains came on; I introduced my finger into the vagina, found the placenta there, (which was also very small). I removed that, and searched for the os, which was high up and contracted. In a very short time the pains came on again, *regular* and *strong*, with intervals of about ten minutes between each. The abdomen remaining so large, and the pains so regular, I pronounced it a "twin case." There being no untoward symptoms to demand haste, I thought I would leave nature to take its course. Thus I waited two hours and a half; there being no alteration in the size or position of the os, I began to think something else must be done in the case—the pains all the while keeping regular, but of shorter duration.

I placed her in the position for introducing the hand; after anointing my hand, I introduced it into the vagina. It was with considerable difficulty I introduced the two first fingers through the os, when there was an explosion, long and loud, so loud that it might have been heard in any part of the house, and to my surprise and mortification, I found my second child ended in *gas*. The abdomen instantly became relaxed, the uterus contracted down, and remained contracted. No hæmorrhage or after pains followed, and the woman made a rapid recovery.

Very respectfully yours, &c.,
CHAS. G. STROHECKER.

For the N. W. Med. & Surg. Journal.

La Salle County Medical Society.

A regular meeting of this Society was held at Ottawa, on the 1st inst.

At that time Drs. J. Hard and J. Higgins were appointed delegates to the American Medical Association; Drs. J. Stout and T. Hay, substitutes; and Drs. J. O. Harris and T. Hay delegates to the State Medical Society.

Drs. A. Hard and R. McArthur having presented their credentials, were admitted as members of the Society, and Drs. W. A. Sanger, L. Eastman, —— Wooley and H. H. Hinman, were admitted as honorary members. A vote was passed authorising the admission of Dr. A. H. Howland, whenever he should present himself with the proper credentials.

Dr. A. Hard read an interesting paper on Diagnosis, and D. L. Kirwin exhibited his improved fracture box, and explained his manner of using the same.

Dr. Harris introduced the following resolution, viz.: Resolved that the members of this society counsel only with each other, or with physicians of good standing in the profession who have not had an opportunity of becoming members. After some discussion the resolution was laid on the table until the next meeting.

The utmost harmony and good feeling prevailed, and the meeting passed off very pleasantly indeed to all who were present.

Various matters of professional interest were talked of and discussed, after which the Society adjourned to meet at Peru, on the first Monday in June next.

J. O. HARRIS, Secy.

OTTAWA, March 3, 1854.

Statistical Report of the Mercy Hospital for the year 1853.

THE whole number of patients admitted into the Mercy Hospital in Chicago, from Jan. 1st., 1853, to Dec. 31st of the same year, was 447

Males, ... 361

Females, ... 86=447

Number whose expenses were paid chiefly by the County, ... 109

Number whose expenses were paid by themselves or friends, ... 314

Number received without pay, . . 24=447

Of the whole number, 300 were admitted into the medical wards, of whom 35 died. Of the remaining 147 surgical cases, 18 died. The total number of deaths during the year was 53; of which 26 took place within 24 hours after admission, and were either from severe injuries or disease in its last stage of progress.

The following is a list of the more important diseases, viz:

Phthisis Pulmonalis,	13	cases,	7	deaths,	6	Improved.
Pneumonia,	14	"	5	"	9	Recovered.
Other Diseases of Lungs,	7	"	1	"	6	"
Dysentery,	27	"	7	"	20	"
Diarrhœa and Cholera Morbus,	20	"	2	"	18	"
Intermittent and Remittent Fevers,	46	"	1	"	45	"
Typhoid Fever,	59	"	4	"	55	"
Typhus Fever,	4	"	2	"	2	"
Delirium Tremens,	8	"	1	"	7	"
Rheumatism,	8	"	0	"	8	"
Inflammation of Heart,	3	"	0	"	3	"
All other Diseases,	91	"	5	"	86	"
Total,	300	"	35	"	265	"
Surgical Cases,	147	"	18	"	129	"
Total,	447	"	53	"	394	"

Medical Officers at present are as follows:

In the Surgical Department,	D. Brainard, M. D. W. B. Herrick, M. D. J. E. McGirr, M. D.
Medical Department, . . .	N. S. Davis, M. D.
Interine or Resident Assistant, .	C. C. Cornett, M. D.

Transactions of the American Medical Association.

We see by our exchanges that the sixth volume of the Transactions of the American Medical Association is published. Those wishing it should send in their orders immediately. We know nothing of its contents excepting what we have learned from the notices of our exchanges. J.

Pereira's Materia Medica.

We have received from the publishers, Blanchard & Lee, of Philadelphia, the second volume of this valuable work. Dr. P. was engaged in revising it with especial reference to the publication of an American edition, at the time of his death. Three-fourths of the entire treatise had passed through his hands. The labor of completing it has devolved on Dr. Alfred S. Taylor and Dr. George Owen Rees, whose names are a sufficient guaranty that the work has been performed with ability. J.

From the New York Medical Times.

Editorial Movements and Changes. New York Journal of Pharmacy.

This journal, which has just closed the second year of its existence, has passed from the editorship of Dr. McCready, and from under the patronage of the College of Pharmacy of this city, into the hands of Dr. Thomas Antisell, who is to be aided by Prof. Torrey, Dr. C. Enderlin, and Messrs. Edward N. Kent and Benjamin Canavan. The work is enlarged, and much improved in its typographical appearance, and is to give its readers 48 pages monthly, and of an increased size of page of type. With these advantages, and with the prospect of great improvement in the contents of the pages, we trust that it will prove worthy of our great city, and do much towards the promotion of science in its own field.

Western Journal of Medicine and Surgery.

A new series of this journal published at Louisville, Ky., and edited by Prof. L. P. Yandell, was commenced on the 1st of Jan. The old series, which numbered twenty-eight volumes, having been brought to an abrupt close by a fire in the printing office, in November last. The price has been reduced from five dollars to three dollars a year, for which amount eighty pages will be issued monthly. The character of the editor and the aid which he has at hand from his colleagues, give promise of a periodical of interest and of value.

Journal of the Virginia State Medical Society.

Dr. J. P. Atkinson has been appointed the financial editor of this Journal, to be issued under the auspices of the State Medical Society of Virginia. The assistant editors are Drs. Bolton, Lewis, Cabell, Thweat, Marx and C. Johnson.

The "Journal Committee" of the Society have purchased the *Stethoscope and Virginia Medical Gazette*, published at Richmond, and edited by Dr. Gooch, which is hereafter to be the organ of the Society. His confreres will regret to learn of the withdrawal of Dr. G. from a post which he filled with so much independence and industry.

From the Buffalo Medical Journal·

Dr. Samuel R. Hollingsworth has succeeded Messrs. Francis Gurney Smith, and John B. Biddle, M. D., in the editorial management of the Philadelphia Medical Examiner.

The Examiner has long sustained an excellent character among our periodicals, and we trust that Dr. Hollingsworth will well maintain the arduous *role* he has taken upon himself.

Dr. John Dawson has undertaken the editorship of the Ohio Medical and Surgical Journal, made vacant by the death of Prof. Howard. We wish him every success in his new field of labor.

The New Jersey Medical Reporter, one of the best of our exchanges, and which has increased in size and improved otherwise very rapidly under the editorial care of Dr. Joseph Parrish, has now been transferred to Dr. G. M. Butler. The cause of this change is Dr. Parrish's removal to Philadelphia. Dr. Parrish does not, however, entirely disconnect himself from the Reporter, and his monographs will occasionally appear in it. Just now he is writing an excellent series of papers on the "Change of Life" in women.

Dr. Dowler has assumed the editorial chair of the *New Orleans Medical and Surgical Journal.*

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From the Iowa Medical Journal.

Medical Obituaries.

Died at Philadelphia, January 4th, Dr. Samuel McClellan, aged 54 years. He was brother of Dr. George McClellan, the late distinguished surgeon of that city. Both brothers lectured in the Jefferson College from its commencement, in which Dr. Samuel McClellan was formerly Professor of Obsterics, though he afterwards lectured on the same branch in the Pennsylvania College. He was in the enjoyment of an extensive obstetric practice, and his death is said to have been owing to fatigue from overexertion. His death was much regretted by his numerous friends, both public and professional.

Died, Dr. John Esten Cooke, on the 30th of October, in the 70th year of his age. Dr. Cook succeeded Dr. Drake in the Chair of the Theory and Practice in Transylvania University, and was subsequently connected with the Medical Institute of Louisville. He was a voluminous writer. Besides his treatise on Pathology and Therapeutics, he wrote for the American Medical Recorder, the Transylvania Journal of Medicine, and occasionally on theological subjects.

Drs. Drake and Cooke were fellow students in Philadelphia in 1805.

It is with profound sorrow and deep-felt regret, that we are compelled to record the untimely death of R. L. Howard, M. D., Professor of Surgery in the Starling Medical College of Columbus, Ohio. He died recently, of Pncumonia complicated (says a private letter,) with Bright's disease of the Kidney. We have known him long and well, and can testify to his sterling qualities as a man, his rare acquirements and success as a physician and surgeon, and his abilities as an instructor. The place made vacant by his death, it will be very difficult to fill, either in the flourishing institution with which he was connected, in the ranks of the profession, or in the community in which he lived and labored.

From the New Hampshire Journal of Medicine.

Died, Dec. 1, 1853, at New Orleans, of Epidemic Cholera, Abner Hester, M. D., the talented editor of the New Orleans Medical and Surgical Journal, aged 40 years. Dr. Hester enjoyed a high reputation as a skilful and experienced practitioner, and a zealous cultivator of our science. His premature death will be a serious loss to the profession.

Died, in New York, on the 7th of December last, aged 62 years, Thomas G. Mower, M. D., one of the senior surgeons of the United States Army, and a gentleman of varied scientific attainments.

Died, in Paris, an the 2nd of October, of diabetes, complicated with albuminuria, M. Argo, Perpetual Secretary of the Academy of Sciences, and Associate Member of the Academy of Medicine, aged 67 years and a half.

Died, in London, on the 27th of December last, James Gilchrist, M. D., Inspector General of the Army hospitals, and Corresponding Member of the National Academy of Medicine of France.

Meeting Proceedings.

At a meeting of the Medical Class, Rush Medical College Session, 1853–4, called for the purpose of expressing the sentiments of the Class towards the Faculty, S. P. Yeomans, of Iowa, was called to the Chair, and J. F. Hamilton was elected Secretary.

On motion, the following Committee was appointed to draw up and report Resolutions. Drs. E. P. Wood, Root and Fish, who, after a short consultation, reported the following resolutions, which were unanimously adopted.

Resolved, That in taking leave of Rush Medical College, we unite with pleasure in expressing our entire approbation of the course of Medical Instruction which has been given during the past session.

Resolved, That while we feel grateful to all the members of the Faculty, for their unwearied efforts in our behalf, we would especially acknowledge our obligations to Prof. Herrick, who has, in an able and satisfactory manner, filled the chair of Surgery, to which he was so unexpectedly called, by the absence of his distinguished colleague, Dr. Brainard. Also to Drs. Freer and Johnson, who have filled the chairs of Anatomy and Physiology, for the untiring industry and ability which they have exhibited, and the skill which they have manifested, in rendering the instructions upon their respective branches to the fullest possible extent, complete and satisfactory.

Resolved, That a copy of the proceedings and resolutions be furnished to the city papers and the *N. W. Meeical and Surgical Journal*, for publication.

S. P. YEOMANS, President.

J. F. HAMILTON, Secretary.
Chicago, Feb. 21, 1854.

THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. III. APRIL, 1854. NO. 4.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Letter from Paris.*

PARIS, Feb. 13th, 1854.

DR. JOHNSON,

DEAR SIR: There are so many objects of interest in Paris, connected with the Medical Profession, that one scarcely knows which to select for the subject of a single letter.

To the stranger who was familiar with the Institutions in 1840, it does not appear, on a return at present, that much progress has been made, either in the means of teaching the doctrines taught, or the qualifications of the Professors. The Museum of the School of Medicine, comprising healthy and comparative anatomy, specimens of materia medica, surgical instruments, etc., has been principally created since that period, and although not large for a national collection, is a precious addition to the means of instruction, and contains many preparations of the nervous and lymphatic systems of unequalled beauty. This collection is due to Orfila, whose name it bears. In addition to this, a new museum has been collected at the dissecting amphitheatre of Clamart, which contains some valuable pieces, but its situation, and the rules in regard to entrance, render it useless for the purposes of instruction. None of the hospitals have collections except that of Val-de-Grace, and most of the valuable specimens which might be derived from them, are lost for want of care. The Musee Dupuytran has received considerable additions, but at the present time is inferior in every department except that of bones, which is very perfect.

The changes in the School of Medicine have not all been for the best. The death of Orfila left a void, which no attempt will be made to fill, the chair which he occupied being abolished. Dumas has also retired from teaching, and in the place of the two chairs, one of medical chemistry is to be instituted, and to be filled by Souberain, already distinguished at the School of Pharmacy. Trousseau, the unrivalled Professor of Materia Medica, has been transformed into a teacher at the Hotel Dieu, where he lectures to a small number of students, his lectures revolving around the orifice of the larynx, and scarcely ever embracing more than certain diseases of the air-passages. Andral is at present but little followed, and shows strongly the marks of advancing age, and the same may be said of Cruveilhier. On the other hand, Denonvilliers has succeeded Brechet in the chair of Anatomy, and gives a brilliant and popular course in place of that but little followed of his predecessor. Malgaigne has succeeded Blandin and his course is much admired and followed. In the Medical Clinique Bouillaud, Piorry and Rostan are still the Professors. Certain peculiarities of the first-named have so increased upon him, as to render his teaching intolerable. The second is still occupied in percussing the spleen, and marking its outlines, while Rostan continues his sound and valuable teaching in his wards at the Hotel Dieu. In the Surgical Clinique, the Professors are Roux, Velpeau, Laugier and Nelaton; the two former, too well known to need to be spoken of, but gradually declining from the effects of age; the two latter, highly popular, and rapidly advancing to the summit of reputation. The Clinique of Accouchments is directed by Paul Dubois, as formerly, than whose teaching nothing more admirable can be desired. It will be seen that in the Faculty, the gain scarcely compensates for the loss, and if the reputation of the School of Paris depended upon that alone, it might well be supposed to be upon the decline; but such is not the case, and the able corps of hospital physicians and surgeons, with the agreges chefs de clinique, internes, etc, keep up the public and private course to their former standard of excellence, although Louis has retired from his wards, and left vacant a place which cannot be filled.

Among the most notable defects of French teaching, may be noticed the neglect of general pathology and the use of the microscope. Robin is nearly the only teacher of the microscope, and his class is generally confined to a small number of American students. Nachet, one of the principal manufacturers of microscopes, told me that his best customers were from America, and that nearly all his most expensive instruments were sent there. The manufacturers of anatomical models of papier mache, plaster and wax, the preparers of skeletons and specimens of natural history, and the instrument makers, all assured me that their best customers are Americans or English. Under the head of Instruction, I should by no means forget to mention the course of Bernard, at the College of France, on Physiology; strangers, however, are apt to be disappointed in his course, as his brilliant discoveries lead them to expect too much. In other parts of his course, not relating to his own particular discoveries, he principally follows Magendie, whose place he supplies. I think that the premature publication of his opinions regarding a retrograde circulation from the veins into the arteries, through the kidneys, has tended to lessen the confidence of his hearers in his statements. His work on Experimental Physiology, which has been announced,. will probably not be issued for a long time. At the side of Bernard, in the College of France, is Coste, whose lectures upon the development of organized bodies, is the most eloquent and instructive course I have ever listened to. The substance of his course is contained in his great work entitled "General and Special History of the Development of Organized Beings," which has reached its third number, being published by the government. He is known in America from his efforts in introducing the artificial breeding of fishes, a process now employed in all the different countries of Europe. I saw in his private room in the College of France, a number of troughs of earthenware, containing the eggs of fishes of the choicer kinds, such as salmon, from the lakes of Switzerland, and other kinds from the different rivers of Europe. Prof. Coste informed me that the eggs are transported without difficulty, a distance of 800 miles by land, and that they could easily be sent to America without injury. These eggs are of the size of peas, of a bright red color, and to be hatched are placed upon little racks made of willow twigs, which are fixed in the troughs so as to be covered with water, and a gentle current is kept playing over them. I saw them in every different stage of development, from the simple egg to the fish just bursting from it. It is a curious sight, and seems to promise much benefit to man, by supplying fresh and wholesome food. It has, however, its difficulties. Like other orphans, a large portion of these fish brought up by hand, die before attaining maturity, and it is yet doubtful whether the plan will be successful, excepting with regard to those fishes found in the waters where the breeding is carried on; in this case there seems no reason to doubt its full success.

An interesting fact has incidentally been noticed by those engaged in observing this process of hatching; it is that a great number of monsters occur amongst the newly-hatched fishes, a number much larger in proportion than occurs in the mammalia.

In speaking of the scientific men of Paris, you will naturally expect me to say something of Lebert: he does not reside here at present but holds a professorship in a German University. His great work, however, on which he has been engaged for many years, is about to be put to press, and it is confidently expected that it will be by far the most perfect treatise on morbid anatomy which has ever been published. Bailliere, the great publisher, showed me some of the drawings which are in his hands to be engraved, and they are indeed magnificent. The work is so expensive that it was difficult to find a publisher to undertake it, but as the Minister of Public Instruction advances a certain sum towards the expense, and the Prussian government subscribes for a certain number of copies, Bailliere was induced to undertake it. The first number will be issued soon. While speaking of forthcoming works, I may mention that Guerin has one in hand and far advanced, on the subject of deformities, which is to be illustrated in the most perfect manner by beautifully-executed and colored plates. M. Guerin has devoted a great part of his life, and a considerable sum of money to this object, and has collected a museum comprising about 3000 pieces, illustrating every different point of the subject. This collection, which may be regarded as a national one, is now offered for sale, and it were greatly to be desired that it should be transferred to some institution in America; as may be supposed, from the labor and money expended upon it, the price at which it is valued is not small. It may be interesting to some of your readers to know that M. Guerin, who was appointed by the Academy of Medicine some years since, to make a report on the subject of cholera, has nearly accomplished his task, and is about to submit it. After the fullest investigation and the examination of innumerable documents and publications of every kind, he assures me that he is fully convinced of its communicability, but only in certain conditions, and in a manner peculiar to itself. I think this opinion is beginning to have great influence here, since the cholera patients, which were at first carried into all the wards, have lately had particular halls assigned to them, separated as much as possible from the others. So long as they were carried into the general wards, the number of cases regularly increased, but so soon as the change was made, they diminished. As this is a doctrine which I had advocated for many years, it is gratifying to find its truth at length being recognized, more particularly as it is the only means by which the spread of the disease can be explained, and its ravages, to a certain extent, controlled. If time and space permitted, I should still have much to say of societies, journals, medical doctrines and men, past and present, but as I have occupied enough of both, they must be deferred to another time, or entirely omitted.

Very truly yours, B.

ARTICLE II.—*A Case of Caries of both Hip Joints—Uncertainties of Diagnosis—Memoranda of Treatment.* By A. Stone, M.D.

But few men are endowed with that genius and that penetratin power of observation and combination, indispensably requisite for a revolutionary movement in science, and but few have inherited the lot of being placed in such an advantageous position of developing and applying those gifts of benevolent nature. At any rate, the writer hopes not to range under either category; he may, however, become the instrumentality for the advancement of science, by serving as an exponent of the scientific inquiries, experiments and results, made and attained by others.

The polite invitation extended to me by Drs. Bauer and Barthelmess, physicians to the Orthopedic Institution of this city, has afforded the writer the rare opportunity of daily witnessing, for several months past, cases under treatment, developing some of the most instructive principles of pathology and cure pertaining to deformities and joint affections. From among the number of highly interesting cases, the communication of the following, it is thought, may be very acceptable to the press on account of its instructive character in diagnosis, as well as the treatment adopted :

William Carter, aged 5 years and 8 months, had enjoyed excellent health up to April, 1852, when he was observed to assume a peculiar manner and gait in walking. According to the statement of his attending physician, Dr. Kalt, both hip joints were immovable, sore, and the legs firmly kept in abduction ; in consequence of which the patient, when walking, was obliged to turn his body on the longitudinal axis of that leg which was then on the ground, thus succeeding in putting the other about six inches forward, and the same operation was then repeated by the first leg and so on. The symptoms increased, however, with such rapidity, that locomotion became altogether an impossibility.

The pain within the affected hip joints grew more intense, and the separation of the limbs wider. The opinion previously entertained by the attending physician of the case, was that the synovial membrane was affected by a scrofulous rheumatic inflammation, and the treatment pursued had been in accordance. Baths, superficial derivation, constitutional treatment and constant rest, alleviated the severity of the symptoms—the left leg, especially, approaching more towards the perpendicular of the body. The new position of the limbs, however, being totally fixed, afforded no advantage as far as locomotion was concerned. Other symptoms made their appearance in spite of the greatest care and attention from both physician and relatives. The affected joints became distended, and fluctuation apparent. The left leg was rotated outwardly and flexed both in hip and knee joints, the latter resting on and across the middle of the right thigh, while the right leg remained almost straight, but at the same time being rotated outwardly. In this state the patient was received into the Orthopedic Institution.

The case-book of this establishment contains the following notes on the case: Great pallor and emaciation; hectic fever, appetite good, digestion regular; dermoid surface dry and sluggish; sleep undisturbed; pain in the affected joints when moved, but not otherwise; general strumous appearance; induration and enlargement of lymphatic glands; discharge from one ear; thorax rather flat; auscultation and percussion discovered no abnormal sound; pelvis in a state of declivity, the left side lowered, the right elevated; the left leg consequently elongated, and the right shortened, in conformity with which the spine shows an inflexion towards the left, and the rima natum oblique towards the same side; the angle of the inclination of the pelvis normal, *therefore no anterior curvature of the spine;* both hip joints exceedingly painful, both as to pressure and attempted movement; indistinct fluctuation, no redness or heat, no visible sign of abscess; the left bent up in hip and knee joint, and in opposition to the right; the toes turned inwardly; the right leg rotated outwardly, nearly straight; both legs immovable within their respective sockets, all motions being made in the lumber portion of the spine; the adductor and flexor muscles of the right thigh in a state of great tension. Under the influence of chloroform, the legs could be moved in their joints, but no crepitus perceptible.*

Treatment: liberal quantity of animal food, wine, ale, brandy, cod-liver oil, alternated with iron and quinine; extension of the affected limb and proper placement of the same. This operation was easily performed with the aid of chloroform, and the patient felt perfectly comfortable afterwards. The patient was placed in his apparatus, which consisted in a double inclined plane, ingeniously constructed to fix the pelvis and limbs, at the same time allowing any passive alteration as to degree, extension, abduction, or adduction. Patient continued comfortable; appetite and sleep undisturbed. The apparent inconvenience of the new position, did not have the least unfavorable effect upon his general health, on the contrary he continued to improve rapidly considering his past enfeebled state of body.

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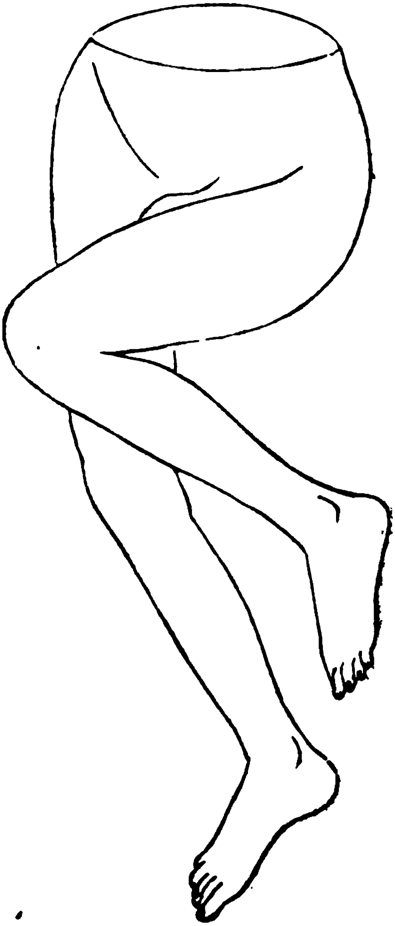
* The affixed diagram, taken from a cast in plaster, illustrates the peculiar deformity which the patient presented on his reception into the Institution.

The opening of the joints for the purpose of assisting nature more speedly to throw off the morbid matter and thereby reestablish a recuperative action was at this time, (the time of stretching the limb) a mooted question by the able surgeons of the institution, but postponed on account of the probability of the purulent matter becoming absorbed, after the parent cells having bursted and re-arranged to other organisation capable of absorption, — an opinion



sustained by able pathologists — Professors Alonzo Clark, Paget, Miller and others — and indeed this hope, in this case at least, seemed to become realized, for the fluctuation of the joints became much less perceptible during the subsequent weeks of treatment; but then it increased again and so rapidly in the left hip joint that the matter could be felt quite distinctly. At this period of the case, an opinion was expressed by the surgeons of the institution, that a rupture of the synovial membrane had taken place, and a free opening of the abscess, and an enlargement of the spontaneous opening of the capsular ligament was rationally indicated. Consequently in presence of Drs. Sayre, Surgeon of Bellvue Hospital, N. Y., Kolt, Stoltz, myself and others, a large incision was made, the patient being under the influence of chloroform.

A large quantity of pus escaped. By digital examination, the great extent of the ulceration as well as the perforation of the joint was ascertained, being the posterior wall of the capsular ligament. A minute examination discovered the joint to be in the acetabulum, although the head of the joint was denuded and the connecting ligament destroyed, the acetabulum not being increased in size.

Injections of warm water was freely made, washing out both the cavity of the abscess and the joint, and finally filled with lint; the opening in the capsular ligament being large enough to allow the free discharge of the morbid contents of the joint. The patient having lost but a few drops of blood rallied very soon and expressed himself as being greatly relieved and comfortable. But a slight operation followed that operation both locally and constitutionally, healthy granulations and pus made their appearence and in six weeks the whole cavity was filled and consolidating, the patient at the same time improving generally.

Six weeks after the operation of opening the first or left hip joint, soreness and apparent inflammation was manifested in the right joint also: the patient was troubled with chills and occasional exacerbations of fever and dryness of skin and other constitutional symptoms, which together with the fixed condition of the joint warranted the unanimous conclusion in full consultation with the surgeons, called in for that purpose, that the cavity of the joint was filled with purulent matter and the whole integrity of the joint seriously implicated. Although fluctuation could not be distinctly made out, the various considerations induced to a certain diagnosis by first exploring with a trocar. This was introduced superiorly and posteriorly of the great trochauter and under the joint at the posterior circumference, between the cotyloid cartilage and caput femoris. A column of thick pus immediately ascended the canular, which was now removed and an incision made at the same place about 6½ inches long, and the articular sack opened along the posterior hemisphere. About 6 to 9 ounces of consistent purulent matter escaped. The articular cavity, in as far as it could be ascertained, felt rough, both the greater part of the acetabulum and the posterior part of the femoral head being denuded; the ligamentum teres however being not destroyed. Caput femoris was found to be in its normal place, and the leg could not be rotated inwardly. I need hardly state, that crepitus was subsequently heard and felt. After the patient had been properly dressed and fixed in a leather splint, he revived and felt comfortable and relieved. The third day after the operation, the patient was doing well, cheerful, and to all appearance sustained the effects of the operation exceedingly well.

This is a history of a case, and a treatment no doubt involving questions of the greatest interest for the profession.

My private practice has not yet afforded me an opportunity of testing the new treatment, but the cases I have observed in the *Orthopedic Institution* in this city, tend to prove its soundness and efficacy. There are many surgeons who no doubt forcibly condemn the practice adopted by the surgeons of this institution, but they will fail of overruling the arguments and results in favor of freely opening ulcerated joints, while on the other hand, arguments principally consisting in the much dreaded entrance of air into the articular cavity is anything but conclusive.

There are certainly a good number of cases on record,—lately increased by 3 others observed by Dr. Judkins, (Ohio Medical and Surgical Journal, No. 3, vol. VI.) which terminated fatally after the free opening had been made, but it remains yet to be decided whether the operation or bad food, air, want of attention and other necessaries, or the long postponement, are not chargeable with the health of the patient. Dr. Judkins himself refers to the preponderance of errors peculiar in the hospitals of Paris, frustrating but too often the results of many skilfully performed operations, and by the greatest masters of surgical art, and exactly the same we see in Bellvue Hospital. On the other hand, we hear of successful opening of the joints both from British and German Hospitals, especially of John Gay, Esq. Surgeon of the Royal Free Hospital, London. At all events the results of the old school in reference to the treatment of ulcerative diseases of joints, are of so inferior an order that the new mode has at least a right to be fairly tested. Competent men, unprejudiced by any established opinion, may then decide whether the treatment advocated and practiced by Dr. Bauer at the *Orthopedic Institution* in ulcerations of joints in general, and especially of the hip joint, is correct and reliable or not.

BROOKLYN, N. Y. March 4, 1854.

SELECTIONS.

From the London Lancet.

Recovery after taking a large dose of Hydrocyanic Acid. By W. M. BURMAN, Esq., M.R.C.S.E., Wath-upon-Dearne.

The occurrence I am about to relate took place on August 6th, 1853, at six P. M.; but before going into the detail I must premise that my father and myself are practising together, and use the same surgery. We keep our Scheele's hydrocyanic acid for dispensing much diluted,—namely, in the proportion of one minim of the acid to a fluid drachm of water; this is kept in four-ounce purple glass bottle. It so happened that a short time previously we had received a fresh supply of Scheele's acid in a bottle precisely similar to the one in which we keep our *very dilute* acid. This strong acid was put into a cupboard under lock and key, but on the day in question had been taken out to replenish the dispensing bottle, and then left on the surgery counter. Soon afterwards my father returned from his afternoon ride, and being troubled with slight dyspepsia, went into the surgery, as was his habit, and mixed himself a draught containing a little aromatic spirit of ammonia and bicarbonate of soda in two ounces of water, adding to it a fluid drachm of the *very dilute* acid, *as he thought*, but he took it out of the bottle of Scheele's acid standing on the counter. He drank this off, noticing nothing peculiar in the taste. In a few seconds afterwards, upon looking at the bottle, he thought the label appeared cleaner than usual, and the idea flashed on his mind that perhaps he had taken the strong acid. A glance at the proper dispensing bottle, which was in its place, confirmed this. He directly poured half an ounce of aromatic spirit of ammonia into the measure, and drank it, *he believes* without water, but he may have added some. He then walked into the house to the bottom of the stairs (a distance of about sixteen yards), and called me; I came down stairs directly and went into the surgery, where I found him standing at the counter with a glass measure in his hand. He said. "I have taken a drachm of the acid; what can be done?" adding, "I have since taken half an ounce of aromatic spirit of ammonia." There was nothing in his appearence to attract my attention, but he spoke hurriedly, expiring deeply at the same time; he then sat down on a chair. I immediately put some crystals of sulphate of iron into a measure, adding one drachm of the tincture of the sesquichloride of iron, and one ounce of water, stirring the mixture vigorously, to get as many of the crystals dissolved as possible in the time, and gave it to him to drink, which he did. I had no liquor potassium at hand, or I should have added some to the mixture before giving it to him, to precipitate the mixed oxides of iron; as it was, I was obliged to trust to the ammonia he had taken. My object in giving him this was to endeavour to get the mixed oxides of iron in contact with a least part of the acid in the stomach, and thus to convert it into Prussian blue, as suggested by Messrs. Smith of Edinburgh. Directly after drinking this, he began to breathe deeply, pressed his hand over his forehead and top of his head, and said: "Oh, I feel very queer; had I not better go out of doors?" I said "Yes" and with my assistance he staggered out, and dropped senseless in a sitting posture on a stone step at the surgery door. This was just about *two minutes* after taking the poisin, as ascertained afterwards by going through the same routine. From this time he recollects nothing till twenty minutes afterwards. His breathing was now slow and very deep; his eyes turned up completely under the upper lid; pulse moderate in volume, but very slow and intermitting. I hastily took off his neckerchief, fetched a large pitcher of water, and poured it over the back of his head and down his back. This produced no apparent effect at the instant, but a few seconds afterwards he vomited a mouthful of glairy mucus. This was nearly four minutes from the time of taking the poison. I sent for another pitcher of water, and during the interval again examined the pulse, and found it slower than before, feeble, and threatening to stop altogether; respiration very slow and deep, irregular, with blowing expiration and puffing of the cheeks; a little frothy mucus ran from his mouth. At this period the relaxation of the whole body was as great as that of a person recently dead. I now gave him another dose of the iron mixture as before, adding a little aromatic spirit of ammonia. By speaking loudly, shaking him, and pouring it into his mouth, I got him to swallow the whole of it.

Meantime the servant returned with another pitcher of water (about four pints), which I instantly poured down bis back (five minutes after taking the poison). This appeared to rouse him a little, and directly afterwards he vomited about two ounces of a deep bluish-green liquid; this I was glad to see, for I hoped that partial decomposition of the acid had taken place. The pulse and respiration were slightly quicker and more regular; pupils still quite invisible; conjunctiva injected; face livid. After an inspiration more than usually deep, he opened his mouth wide, and stretched out his arms; a spasmodic flutter passed over the face, and then over all the body, and I expected fully to hear a scream, as I had generally noticed in animals, or that he was about to have a convulsion; but just as it begin to pass off, he vomited twice, and seemed relieved by it. The vomited matter was still bluish-green, and this time mixed with pieces of half-digested meat, which had been taken at dinner, four hours previously. I next gave him two drachms of aromatic spirit of ammonia in one ounce of water, and with some difficulty got him to swallow it. Having again filled the pitcher I poured the water down his back as before, and directly afterwards he vomited two or three times (seven minutes from the time of taking poison). The respiration and pulse were now very much better, the latter being quicker and pretty regular. Soon after the vomiting, I noticed a little movement of the hands, apparently voluntary. I now hoped the immediate danger was passed (eight minutes), so I watched the symptoms for a minute or two, and then the pulse beginning to falter a little. I gave him two drachms of aromatic spirit of ammonia in one ounce of water, which, with a little difficulty, he swallowed. I tried to get him to speak, or to give any evidence that he understood what was said to him, but failed to elicit any sign of consciousness from him; still I considered him tolerably safe, for the pulse was pretty strong and regular; the countenance was also now regaining its natural appearance, and the extreme flaccidity of the limbs was nearly gone. After about five minntes more had elapsed (fifteen minutes), he opened his eyes, and gave utterance to an ejaculation, and evidently understood, to some extent, what was said to him. Soon afterwards he complained of his trousers being wet, and this is the first circumstance that he remembers after leaving the surgery more than twenty minutes before. We presently got him into the house, and gave him a little hot brandy-and-water. I was now anxious to get him to bed as quickly as possible, judging that rest in the recumbent position would most conduce to his recovery. After sitting ten or fifteen minutes, he was able with great difficulty and with our assistance to walk up-stairs, but vomited several times during the transit. We got him into bed, and soon afterwards, turning to me, he said, "You should have used the cold affusion," and seemed quite surprised, when I told him that I had done so pretty freely. During the evening, he took a simple effervescent draught now and then, and presently he dropped asleep. He passed a good night, and next morning complained of pain across the loins, but was otherwise pretty well, except a feeling of general weakness. I ought to have mentioned that my father is about sixty years of age, and of a strong constitution.

A day or two afterwards I analysed the acid. I measured one drachm in the same two-ounce measure that my father used, and put it into a minim measure; it filled up to seventy minims. I diluted this and then added a solution of nitrate of silver till no more precipitate was produced. I repeatedly washed this precipitate, and dried it carefully for a long time; but to make sure that it contained no more water, I put it into a warm oven for an hour, during which time it lost nearly one-fifth of a grain It now weighed exactly twelve grains, which would be equal to 2.4 grains of anhydrous hydrocyanic acid, *the quantity my father took*. As 100 grains of the acid filled up to 105 minims in the same small measure, this would give 3.3 as the per centage of the anhydrous acid in the Scheele's acid used.

I have been thus minute, perhaps unnecessarily so, in the detail of this case, because it presents many points of unusual interest; some of these it may be well to recapitulate very briefly: —

1stly. This is the largest quantity recorded (so far as I know) after taking which recovery has ensued.

2ndly. The quantity of acid taken was *measured*, being certainly no less than one drachm of Scheele's strength (at 3.3 per cent), and being equal to 2.4 grains of real acid.

3rdly. The time at which insensibility supervened after taking the poison is accurately known, namely *two minutes*.

Lastly. The good effects of the cold affusion and the probable decomposition of part of the poison by the mixed oxides of iron.

The efficiency of the Sulphuric Acid in Diarrhœa. By GOODEVE BOWRA, ESQ., M. R. C. S. E.

As much has been said and written lately on the treatment of diarrhœa, I beg to offer my testimony on the happy effects of sulphuric acid on persons of all ages, with the full conviction that it is the quickest and most palatable, consequently the best remedy for that disease.

I was requested two years ago to send medicine to a young lady subject to diarrhœa, who had taken a passage to China in a ship not carrying a surgeon. Thinking there must be some mistake, I went on board the vessel and saw the chief officer, who thought himself quite competent to treat (from books and a medicine chest) any disorder likely to arise on the voyage. On asking this gentleman what he would do in cases of diarrhœa, his off-hand reply was, "Never care for that; always carry plenty of sulphuric acid on board, and I have never known it fail."

On the same evening I was called to a lady, seventy-five years of age, very subject to these attacks, which always lasted a week or more, and as it was of great consequence she should return into the country in two days, I made up my mind to try the sulphuric acid, believing I should not be more successful with the old chalk mixture than her medical friend at home.

The following morning I found her up, and so much better, that she had only taken two doses; I gave her a third; which completely cured her. Since then I have used nothing else (save a mustard poultice) in all cases, either with or without pain, both in private practice, and at an institution to which I was attached, and I confidently state that during the whole period I have used it I have not met with an unsuccessful case. The only difficulty is, to persuade some people that acids would not increase their disorder, particularly those accustomed to the old chalk and aromatic confection treatment.

I now constantly recommend patients subject to diarrhœa, or who are nervous about cholera, to keep a bottle of the sulphuric acid mixture in the house, and on the first symptom of their complaint instantly to take a dose, which is generally sufficient to effect a cure. Many of these patients (I fear, jokingly) tell me they shall expect double charges, as two or three draughts of the acid mixture have more effect than the same number of bottles of the chalk mixture; and I may add, I feel so satisfied with the success of a two years' trial, that I have no hesitation in asserting it as my full belief, that deaths from cholera and diarrhœa would be very materially diminished if the authorities would appoint an agent in all poor neighbourhoods, to give a dose of the sulphuric acid mixture to every necessitous applicant suffering from bowel complaint. They would have plenty of persons desirous of availing themselves of this remedy, if I may judge from the gallons I gave away last summer.

Charterhouse-square, 1851.

P. S.—It may be as well to state that the cost of the above remedy is one shilling a gallon, or thirteen doses a penny. If administered as on board the vessel to which I have referred—that is to say, without any colouring matter, the six gallons of mixture will cost one penny, so that the expense to be incurred by the government in relieving the suffering poor would be but trivial.

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From the London Lancet.

Medical Society of London.—A Paper on the Excretions as Guides to the Administration of Remedies in Rheumatism and Rheumatic Gout. By Dr. Fuller.

THE author began by stating that no great advance can take place in our knowledge of disease, nor [illegible] improvement in its treatment, unless we end[illegible] cause of each morbid action, and trac[illegible] and deranging the various funct[illegible] ing this important truth, he pro[illegible] lationship the amount and char[illegible] necessarily bear to the condition of the general system, and how certain an index they afford to the energy of those processes by which the effete materials of the body are got rid of. Hence he deduced the inference, that no plan of treatment can be proposed, with a well-founded rational prospect of success, which is not based on a due regard to the different excretions, and varied with their varying condition.

He then proceeded to apply this general law to the elucidation of the treatment of rheumatism and rheumatic gout, and showed that, inasmuch as these disorders depend on the presence of a morbid matter, the product of imperfect or faulty assimilation, a proper action of the excretory organs is more than usually necessary. The alterations usually produced on the character of the excretions by the existence of rheumatism and rheumatic gout, were next alluded to, and some remarkable exceptions pointed out; and the author stated his opinion that the chief aim of treatment should be, by producing, as far as possible, an increase of those excretions which are scanty or deficient, to make each and all of the excretory organs assist in eliminating the *materies morbi*, and to endeavour, by close attention to the character of the excretions, to correct their morbid condition. He then referred to the good effects resulting from treatment regulated according to these views, and mentioned many facts to prove and illustrate the ill success which attends every mode of treatment in which the condition of the excretory organs is not attended to. Having fully established these general principles, his next endeavour was to point out the means by which they can best be carried out. He first premised that if all the excretions are scanty or suppressd, and if at the same time the pulse be full and bounding, venesection will not only relieve the general tension of the system, and alleviate the pain and general distress, but will be followed by action of the excretory organs. He then proceeded to discuss each of the excretions separately, and in regard to the perspiration, stated his conviction that much mischief is often done by interfering with Nature's mode of operation. No bath should be administered as long as perspiration takes place naturally, but if the skin is dry or acting sluggishly, a bath is essential to stimulate its action, He strongly recommended a water bath of 100° Fahr., rendered alkaline by potash or soda, but in the event of its being impracticable to make use of a water bath, the vapour or hot-air bath may be substituted. In either case the effects of the bath should be sustained by guaiacum and Dover's powder, or tartarized antimony and saline diaphoreti medicines. The only exceptions to this general rule are met with in persons of a weakly constitution, or towards the close of lingering cases. In Such instances the perspiration is sometimes very profuse, but loses its distinctive empyreumatic odour, and much of its peculiar acid character, and is accompanied by a soddened state of skin, a quick, feeble, irritable pulse, and not unfrequently by an eruption of sudamina. Tonics, such as quina and sulphuric acid, are then requisite, instead of diaphoretics and salines, and as soon as all feverishness has subsided, the caution administration of iron is almost always beneficial. The urine was next appealed to, and made to furnish its quota of evidence. Dr. Fuller insisted strongly on the fact that the mere appearance of the urine, its colour, clearness, or torpidity, affords no clue to its real condition—to the amount and character of its solid ingredients, which can only be ascertained by careful examination. This he proved by reference to facts, and then went on to show that the amount to solid matter excreted by the kidneys is usually much diminished, and that diuretics are necessary to increase their action. A most important question is, as to what diuretics should be employed. A state of congestion and irritation exists consequent on the abnormal condition of the blood, and the exhibition of ordinary diuretic medicines, which operate merely as renal stimulants, is more likely to increase that congestion, than to cause an abundant flow of urine. Hence cantharides, squills, nitric ether, scoparium, and other similar remedies are of little or no service, whilst alkalies and the neutral salts, such as the acetate of potash and the potassiotartrate of soda, which correct the eondition of the blood, are most active in promoting diuresis. So also are the preparations of colchicum. Water too proves of service by promoting the absorption of the salts, and assisting not only in the excretion of the solid matters, but in their subsequent solution, The condition of the urine, as to the dose in which alkalies should be administered, the frequency of their repetition, and the propriety of persevering in their use. The alvine evacuations were next referred to, the necessity for strict attention to their character was pointed, out and the peculiar conditions which call for the administration of different remedies were clearly indicated. Dr. Fuller insisted upon the powerful cholagogue influence of aloes and the acetous extract of colchicum in these cases, and urged the administration of these remedies, in conjunction with blue pill or calomel, whenever it appears desirable to excite an increased flow of bile. The principles of treatment already laid down were next applied to chronic rheumatism, and subsequently to rheumatic gout, and it was shown that in the latter form of disease the treatment requisite to produce the desired effects need considerable modification according to the stage of the disorder, and the constitution of the patient. A disregard of this fact, together with the practice, too prevalent in the present day, of prescribing each medicine separately, constitute, in Dr. Fuller's opinion, the chief cause of the frequent failure of the treatment ordinarily employed in rheumatism and rheumatic gout, and form additional grounds for a close examination of the excreta, inasmuch as an examination proves that no two cases are alike, but necessarily require remedies differing widely in their character, no less than in the dose in which, and the period of the attack at which they should be administered.

Dr. Semple, after speaking of the unsatisfactory results of the treatment of rheumatism which he had formerly pursued, by bleeding, &c., observed that for some time past he had treated all cases of acute rheumatism with lemon-juice, and the result had been invariably satisfactory. For the first few days of treatment he placed the patient on strictly low diet, and administered the juice of six lemons daily; this, with opium, given in the form of the soap-pill, formed his entire treatment. The opium was given in doses sufficient to relieve the pain, and might consist of one, two, or even three grains. Under this plan the pain gradually became less, the fever subsided, and the disease abated. The return to health was more rapid than when exhausting treatment had been resorted to. Care was requisite, after convalescence, that the diet was not too stimulating. This treatment had the advantage of allowing us to use more energetic measures when any local complicatian, as heart disease, took place, as the system had not been previously exhausted by treatment. The plan had also the advantage of simplicity, and surely that was a very great one. He did not profess to determine the *modus operandi* of the lemon-juice, but its beneficial results were unmistakable.

Dr. Lankester, said that the difference of opinion regarding the treatment of rheumatism could only be satisfactorily terminated by the numerical method on an extensive scale. Were we to treat to disease on an empirical or a rational basis? He thought the Society was much indebted to Dr. Fuller for assisting us in arriving at a more rational mode of treatment. The treatment by lemon-juice was purely empirical, and no theory which had been advanced to explain its action was satisfactory. The plan proposed in the paper, as founded on the excretions, was a step in the right direction. With respect to low diet in the cases of rheumatism he thought that this plan must be resorted to with caution, as occasionally patients died from want of nutrition, particularly in cases in which the heart was diseased.]

Dr. Webster considered in the treatment of rheumatism the first point to decide was, whether it was inflammatory or asthenic. In the first of these forms low diet, perhaps bleeding, diuretics, diaphoretics, &c., would be indicated; but an opposite plan must be followed when the disease was in a broken-up constitution. Lemon-juice he thought was often beneficial, but sometimes of no service. When combined with opium, he thought, in some cases at least, the opiate was the more powerful remedy.

Dr. Theophilus Thompson thought that in Dr. Fuller's paper the importance of the state of the excretions as an indication of the mode of treatment to be employed, had been overrated. The author had accidentally touched upon a more important point—viz., the state of the blood in rheumatism. In this disease we must have a careful regard to the general condition of the patient, as well as paying a strict attention to the state of the secretions, for a similar state of the excretions might exist under very different conditions of the system, and different modes of treatment be therefore indicated. The excretions, too, instead of being guides to treatment, might only show that the disease was passing off. Respecting lemon-juice in rheumatism, he had found it of more service in inflammatory cases of the disease, in which the patient was not robust, and depletion could not be resorted to.

Dr. Fuller, in reply, said that the object of his paper was not to embrace the entire subject of rheumatism, but to explain how far the state of the excretions might serve us as guides to the treatment of the disease. He deprecated the employment of lemon-juice, and thought that when it did do good, whether in rheumatism or gout, it was in persons who lived almost entirely on animal diet, and without vegetables.

From the New Orleans Med. and Surg. Journal.

Letters on Yellow Fever at Memphis, Tenn., in 1853. By GEO. A. SMITH, M. D., Physician to the Memphis Hospital, and W. J. TUCK, M. D., of Memphis.

(We commend the following letters to the special attention of our readers. *Ed.*)

MEMPHIS, Tenn., Dec., 1853.

Editor N. O. Med. and Surgical Journal.

DEAR SIR—With the belief that it may be a matter of some interest to trace the phenomena of Yellow Fever when carried away from the head quarters of its epidemic fury, the following remarks have been written upon some cases which were brought for treatment to the Memphis Hospital.

The city of Memphis is well known to be by river about 800 miles above New Orleans, and is the lowest point of any considerable population which escaped the fearful epidemic of 1853, having been not only free from Yellow fever, but favored with a much healthier summer and autumn than has fallen to its lot for several years. The mortality from May to August, inclusive, (generally the unhealthy season here) was in 1853 considerably less than half what it had been two preceding years.

The nearest point to Memphis at which Yellow Fever prevailed as an epidemic was Napoleon, Arkansas, about 200 miles below; and it ascended to no point above the city; so that Memphis was the lowest point on the Mississippi river, of any considerable population, which enjoyed this happy immunity. On the other hand, it prevailed with virulence at Natchez, Vicksburg, and several of the smaller towns intermediate.

All the cases which were brought to the Memphis Hospital, in number 62, were landed from the river, and contracted the disease in New Orleans and its immediate vicinity. The mortality, as might be expected was very great, from the fact that they were not landed till the disease had taken full possession of the system, and then carried the distance of a mile from the wharf-boat to the Hospital, on an open dray. Of the 36 who died, 17 lived less than twelve hours after their arrival.

Three methods of treatment were adopted, of which the most successful, in fact the only successful one, was the following: On their arrival, after a hot mustard foot-bath and being warmly covered in bed, a laxative, if necessary, was administered, of an infusion of renna, rhubarb and manna; cups and mustard to epigastrium, with ice given solid and iced mucilage; opiates, particularly the Black Drop, and milk punch ad libitum. Several cases were cured under this treatment, after the black vomit had been well established. The other methods tried were that of calomel and opium in broken doses, with twenty drops of laudanum—both entirely without success.

The question of the contagiousness of Yellow Fever was fully tested, and the result confirms the impression, that without the pre-requisite conditions of atmospheric and climatic derangement, Yellow Fever is no more liable to be communicated from one subject to another than gout or rhematism. At any rate the 62 patients who were treated in the Memphis Hospital were all of them distributed promiscuously through the wards of the institution; treated there throughout their progress to recovery or death, and no single instance occurred of the disease upon them.

The above brief statement is respectfully submitted to you. In relation to so terrible a scourge as the epidemic of 1853, it is presumed that as large an accumulation of facts as possible is most desirable—facts derived from observation made under all possible circumstances; and provided they are plainly and truthfully stated, ought to be acceptable, whatever the sources from which they are derived. The circumstances under which my observations were made were in this respect peculiar, indeed almost unique, as Memphis was probably the only place where a considerable number of *imported cases* could have been treated, in a region itself exempt from epidemic influences.

Respectfully, GEO. A. SMITH.

REMARK.—We are at a loss to conceive how any one could expect benefit from doses of 20 grs. quinine and 20 drops laudanum in the advanced stages of Yellow Fever—say the third or fourth day. We have seen no such treatment recommended by any advocate of quinine, but on the contrary, always forbidden. Calomel and opium in this stage is not much better. F., *Ed.*

Editor N. O. Med. and Surgical Journal.

MEMPHIS, Tenn., March 19, 1853.

MY DEAR SIR—I applied a few days since to Dr. Smith, Physician of the Hospital here, in relation to the subject of your enquiry, and he informed me that he had recently transmitted all the statistical information connected with the subject to Dr. Hester, and which probably reached its destination about the time of his death. The Doctor wished me to refer you that letter. He informed me at the same time that there were 62 cases of Yellow Fever admitted into the Hospital, which were taken from the boats landing at this place and 36 deaths, and that in no instance was the disease communicated to others. As well as my memory serves me, we had only three cases of Yellow Fever in this city; two of these had been exposed to the epidemic in New Orleans, and probably contracted the seeds of the disease there; the third was a citizen of our place and had not been absent, and it was regarded at the time as a sporadic case, such as occasionally occurs in this city.

You request me to give my view in regard to the contagiousness of Yellow Fever. So far as I have been competent to investigate this subject, and so far as my own observation extends, I am a decided noncontagionist. During my residence in New Orleans, in the summer of 1841, and while one of the attending Physicians of the Charity Hospital during the epidemic of that summer, I think it was the unanimous sentiment of all the prominent physicians of the city that the disease was not contagious, nor do I think any one pretended at that time that the epidemic of that season was imported from abroad. Such, I believe, have been your own statements, as evinced in your writings on this subject. Whether the opinions of the physicians of your city have undergone any change in relation to this matter since the breaking out of the late epidemic, I have not been able to gather any accurate information.

Still the intimation has been thrown out, that circumstances have been developed in connexion with the recent epidemic, which have led some to alter their opinions and to favor their doctrine of contagion. However that may be, we are all perfectly well satisfied *here* that the disease could not be communicated by contagion in the atmosphere of our city; and it seems to me, if I understand the meaning of the word contagion, in its proper acceptation, that contagious diseases may be communicated and reproduced from one person to another, without any regard to the temperature or latitude; as for instance, small-pox, scarlet fever, measles, etc.

Now, let us look for a moment to the facts of the case in our city. We adopted no quarantine regulations; we had instituted no especial sanitary regulations with the view of preventing an incursion of the epidemic. Boats freighted with merchandize, saturated with the atmosphere of an infected city, landed at our wharf almost every day; a number of persons affected with the disease were carried through our streets to the Hospital, and some of them dying in private families, and not a case was communicated to any of the nurses, friends or physicians.

It certainly must be a very singular and unprecedented sort of contagious disease which could not be communicated in a single instance, under such favorable circumstances! when the streets of our city were as filthy as usual; when the weather was very warm; when there was no avoidance of exposure, and when every condition existed to promote contagiousness! Does any person suppose for a moment, that there could be brought into our city such a number of cases of any of those diseases ordinarily termed contagious, without the occurrence of a single instance of communication to the unprotected and exposed? During the month of September it fell to my lot to be called upon professionally to attend some cases of Yellow Fever occurring on the steamer H. D. Bacon, from New Orleans. When the boat arrived here some ten cases were taken off and sent to our Hospital; I was retained professionally to attend some of the officers to their point of destination, St. Louis. I must confess that I had some apprehension of danger when I first went on board of the boat; not from fear of contagion, but from the infected atmosphere, which I supposed might still have remained to some extent. The boat was a large one, heavily freighted with merchandize, and a large number of the crew and passengers were sick, some of whom died before reaching here. Here, certainly, was as fine and fair an opportunity for an unacclimated and unprotected person to contract a contagious disease s we can well suppose to exist; and yet what are the facts of the ase? Not a passenger, out of some dozen or more, who took passage on the boat, above the infected region, suffered from any symptom of the disease. And yet the second clerk, and the captain, who was on duty until he reached St. Louis, had contracted the seeds of the disease in New Orleans, and after I returned home to Memphis I learned that both had died of Yellow Fever several days after their arrival at St. Louis. I am happy to state that the several cases which were under my care were convalescent when I reached St. Louis, and I returned immediately home; and although exposed constantly day and night to whatever source of contagiou there might have been, yet my health remained not only unaffected, but was better than usual.

It is said that the epidemic which has swept with so much fatality over the fairest regions of our southern country, differs in some respects from the preceding epidemics. We are disposed to believe the difference exists rather in degree than in kind. The cases we have seen here, imported from your city, have been just the same in symptoms as those we witnessed in New Orleans in 1841. It is true, the recent epidemic has been much more malignant and fatal than any of the previous ones; and it is stated that many more of those supposed to be acclimated were affected with the disease than at any previous period; but the main peculiarliy that has been insisted upon is, that the epidemic extended over a much larger scope of country than it has been previously known to do, and occurred in many towns and villages where it was never known before to exist; thus appearing to favor the opinion entertained by some, that the disease was transmitted to those localities by contagious influence, and not originating from local causes.

Now it is a very important question to determine, whether, in those cases, the disease did *originate* in certain localities, or was transmitted by persons affected with the disease, steamboats, etc.

We have long since learned enough of human nature to know that the citizens of any particular town or locality are very slow to acknowledge their location a sickly or unhealthy one; and this is very natural; and no doubt many of the citizens of various villages in Louisiana and Mssissippi are disposed to attribute the visitation of the epidemic among them to importation from New-Orleans. Natchez has been in the habit of doing this for the last thirty years; and yet with all her quarantine regulations, as likewise those of Vicksburg, the disease has prevailed in those places with as much or more fatality than in New Orleans. It is true the quarantine regulations were not as rigid as they might have been; yet if we are correctly informed no steamboats from New Orleans were permitted to land, nor were any of the sick on those boats taken care of until the epidemic made its appearance in those towns. Now compare this condition of, things with that which existed in Memphis, not much more than a day's travel on a fast boat. Here we imposed no restrictions—had no quarantine. As far mentioned, large quantities of goods, which had been remaining for weeks in New Orleans, were daily put off at our wharf and distributed through the city; many of these goods of a molient character, well calculated to act as fomites to convey contagious effluvia; and moreover, a number of persons affected with Yellow Fever, daily taken from the boats and dying within the precincts of the city, and yet not a single instance of its communication occurring.

But the enquiry is raised, if the disease was not communicated or transmitted from one point to another, in the region South of us, why did it occur and how did it originate in some of those localities hitherto regarded as healthy and where the epidemic was never before known to exist? We reply to this by asking, how did it originate in New Orleans, Mobile and other places, at the time preceding which the epidemic was never known to occur in those latitudes? The fact is, a combination of *local causes*, we believe, sprang up at that time; which combination had never existed previously.

We are very much inclined to the opinion, that there existed in the whole region of country embraced within a certain line of latitude South of us, a *certain predisposing epidemic constitution of atmosphere*, which aided in giving rise to so extensive an epidemic. We believe that in the same way there is a predisposing and peculiar constitution of atmosphere prevailing when cholera appears in our country, only the letter is more extensive, and is but little influenced by climate, whereas the former is confined almost exclusively to hot latitudes. The probability is that the increased fatality and malignity of the epidemic this year was the result of a greater degree of this predisposing influence in the atmosphere constitution. This being the case, and other causes, such as animal or vegetable miasm, being the same as in previous epidemics, we may readily explain why the recent one should have been more fatal and malignant as well as extensive in its scope. Now supposing this predisposing atmospheric constitution to exist throughout the whole of a certain region of a warm climate, may we not thus account for the development of the disease in certain localities where it has never occurred before, without resorting to the doctrine of communication or contagion?

This opinion would seem to be corroborated by the fact, that in some of these localities it has been found impossible, from the best information we can obtain, to trace out the least communication of any kind with those towns or places where the epidemic was prevailing. And may we not in this way account for the exemption of our city and that of all other towns on the river north of a certain latitude, say that of Napoleon or Lake Providence? In this city surely we had enough of animal and vegetable filth to produce disease, as well as every circumstanee to favor contagion, but we did not have the predisposing constitution of atmosphore. We are therefore disposed to believe that the disease is of local origin and not contagious; and we offer the above theory as a sufficient one, we believe, to account for the extension and prevalence of the disease in Southern localities not hitherto subject to it, without the necessity of resorting to the doctrine of contagion, importation or transmission.

Yours, respectfully,

W. J. Tuck.

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The Treatment of Erysipelas Analyzed. By Sanford B. Hunt, M. D.

I propose to bring the various remedies employed in the treatment of erysipelas to the test of a critical analysis, based on the ascertained facts of the disease; laying down first the proposition, that we should exhibit no remedies without knowing why we do so.

When a few years since malignant erysipelas first prevailed to an alarming extent in this section of the country, the views of medical men, both as to its pathology and tendencies, and as to its treatment, were unsettled and unsatisfactory. The epidemic of 1844 and '5 was exceedingly fatal, as might have been expected in this state of medical opinion. Sundry points of pathology were at that time settled in the minds of thinking and observing men.—Among these the following may be laid down as propositions, then verified and placed among the facts of the profession:

1st. Erysipelas is a contagious exanthem, originating in the presence of a specific blood poison, either conveyed into the system by contagion, or developed there by certain morbid processes not understood.

2d. The tendency of erysipelas is toward the recovery by the self elimination of the blood poison.

3d. The action of this poison depresses the vital powers, but not usually to a fatal degree. When the poison is directed from the surface toward the nervous centres, we shall have symptoms much more alarming than when it expends itself in cutaneous inflammation.

Probably these propositions are no novelties, and will be readily acceded to by all who have carefully watched the disease in question. I shall not, therefore, enforce them by any agument, but shall confine the scope of this article to sundry deductions as to treatment, derived from these data.

1st. If erysipelas is a contagious exanthen, analogy would lead us to suppose that its management should be governed by the same rules which guide us in other principle exanthemata, viz., scarlatina, rubeola, variola, varicella, and continued fever. All these disorders belongs to the same family, and are subject to the same laws. All have their origin in contagion, though some of them may be self developed. All of them depend upon blood poison as their cause. All are self-limited; in all of them an abortive treatment is perhaps impossible; in all of them the degree of danger depends upon the degree to which the nervous centres are affected by the poison; and in all of them that treatment will be most successful which most favors the elimination of the specific poison. These analogies are worthy of consideration. We may argue with tolerable certainty from one to the other, and may readily conclude that one principle of treatment should govern the whole. And in the whole art of therapeutics no principle is better established than that depletion is inadmissible in all this class. Erysipelas is a blood poison. Therefore any merely local treatment must be generally insufficient. I say *generally*, because there are many cases in which this poison expends itself almost as locally as does vaccinia in its usual mild career. Of course, in such cases local treatment will be not only sufficient but superfluous. Professor Bennett saw in the Hotel Dieu a number of cases which were receiving no treatment—M. Louis asserting that erysipelas of the scalp was never fatal. And this accords with all our preconceived notions of eruptive diseases. When the eruption comes out fair, thus affording the best chance for elimination;—when it occupies only its natural locality, the skin, and is thus uncomplicated with visceral inflammation, we expect a recovery *tuto, citoque, jucunde*, without much, if any medical interference, and the only judicious treatment in any of these diseases is that which directs the morbid matter in common with the whole tide of circulation toward the surface.

The elimination of the specific poison of erysipelas is conducted by the usual emunctories—the skin and the kidneys. Free diaphoresis exerts a most favorable influence upon the progress of the disease, tending to shorten the process of elimination. The occurrence of desquamation, even when no bullæ exist, indicates the effusion of fluid beneath the cuticle, and it is not improbable that this effusion substracts its quantum from the sum total of disease. The relative quantity of urea in the blood seems to have in this, as all other exanthemata, an influence upon the severity of the dis-
e. But what this influence is we do not know, though we may
e that with our present means of investigation the thing may
a become clear.

In erysipelas, as in other desquamative diseases, we find frequently—not always—the accompanying sign of albuminuria. This occurs at the period of declination, and depends upon the solution of the renal epithelium in the urine. That this is a part of the process of elimination is not proven, and it may be found to depend upon a local disorder of the kidneys, incident to the increased secretion of urea occurring at the period of declination. The plain indications of treatment derived from these natural phenomena, are to encourage the secretions of both the skin and the kidneys.

2d. The tendencies of erysipelas is toward recovery. This is proven by the small average of deaths—the recovery of very many cases in which the disease has run its course uninfluenced by medication, and finally by the analogy derived from the natural history of other eruptive diseases.

3d. Whenever the symptoms become alarming it is not from the acute or destructive character of the inflammation, but from a depression of the nervous energy. Gangrene is of extremely rare occurrence. Abscess is more common, but still so unusual as not to be classed among the natural sequelæ of the disease. When erysipelas assumes a bad type, we find the inflamed surface looses its lively red, and acquires a dark purple hue; the skin is dry; the urine suppresssed; the tongue has a dry brown crust; the teeth are covered with sordes; the pulse grows frequent and fluttering; delirium and coma are present; in a word, we have typhoid symptoms. All this retinue of bad signs have their origin in a morbid impression on the great nervous centres, and we readily draw the indication of a supporting treatment. If the disease pursues its natural course, finding outlet by the skin and kidneys, we shall have the vital powers unimpaired, the reason clear, and the pulse—the great indicator of nervous disorder—undisturbed. But when from any cause, the poison is retained in the circulation, and goes on increasing by zymosis, we shall find that the brain becomes congested—that the disease has left its wonted channels, and is expending itself on organs more important—upon the great moving power—the *nodus vitiæ* itself.

It seems to me that if what I have advanced be true, we have a sufficient basis for a scientific and successful treatment of erysipelas, which by a parity of reasoning will apply to the other eruptive zymotics. It is not probable that those things yet unexplained will have the same important bearing upon treatment as the facts already in our possession.

Treatment.—Most of our systematic authors speak of bleeding as admissible, and even praiseworthy, in the country, but not admissible in the form of the disease seen in the cities. But if what has been said about the tendencies of the disease to typhoid action, the little danger of an unfavorable result from the extent or violence of inflammatory action, and the importance of maintaining the nervous system in full vigor, be of any moment, then is a bleeding in erysipelas as unphilosophical as in continued fever, variola, or any other exanthem. The safety of the patient lies in the activity and lively character of the local inflammation: for the extent of the inflamed surface is only an indication of the amount of blood poison and the activity of zymosis.

The diaphoretic treatment seems, at first view, to be theoretically and practically correct, as indeed it is. But to secure diaphoresis, we should not administer those drugs which, by their depressing influences, lessen the nervous energies—*e. g.*, antimony. There are, however, diaphoretics of a different class, to which no objections can apply, as the acetate and carbonate of amonia.—Whisky punch, which at first view would seem a good stimulant diaphoretic, is objectionable on account of the reaction and torpor of the nervous system following its use.

Diuretics are also indicated, but the antagonism of the skin and kidneys renders it difficult to meet both these indications at once. Perhaps colchicum, tending directly to the removal of urea, might be found the best of diuretics.

But even these indications, important as they are, yield to the necessity, in serious cases, of supporting the nervous powers.—Quinine is thus valuable, and here do we find what I conceive to be the true theory of Hamilton Bell's treatment by the Tinct. Ferri Muriatis. He himself argues that the capillaries are in an atonic state, and that the system being rapidly saturated by this powerful astringent, the atony is removed. Evidently if this were true, cold affusions would be equally successful. In the only case in which I have had an opportunity to observe the action of this remedy, it was commenced twelve hours after the appearance of the eruption. The pulse was 100, full, and firm. Fifteen drops of the muriated tinct. were given every two hours. A cathartic was given with the first dose. The patient was a blacksmith, aged 35. There was no other treatment, either general or local. Under the remedy he sweat profusely, and forty-eight hours after the treatment commenced, the pulse was 72 and soft, and the swelling, which had occupied the whole face above the mouth, closing both eyes, was declining. He convalesced rapidly. This is a single case. Perhaps a collection of cases might give a different result, though this case is similar to those reported by Dr. Bell in all articulars. In attempting to explain the action of the remedy we y say this much: The iron is a good tonic, and is *prima facie* ell adapted to the disease as quinine. Perhaps by the action of iron the nervous system is exalted to a pitch which enables it to exert its whole energies in throwing off the poison.

Cathartics.—Probably there is no case of erysipelas which will not at some time in its course be the better for cathartic action.

Another corollary to our proposition is, that all local applications further than those tending to relieve itching and pain, are unnecessary and mischievous. If by local applications you cut short the inflammation, you lengthen correspondingly the disease. This may not hold true in a far advanced stage of the disease.

It will be seen that by this process of analysis from established facts, we rather subtract from, than add to our armamentaria against this disease. The whole treatment is reduced to a simple combination of tonics, diaphoretics, and diuretics. The peculiar remedies which have my preference I have indicated, viz., iron. colchicum, and the acetate of ammonia; but it is probable that other articles of the materia medica may fulfiill the same indications, nearly, if not equally as well.—*Buffalo Med. Journal.*

* * *

(Translated from the "Revue de Therapeutic Medico Chirurgicale.")

Therapeudics. The Wonderful Effects of Belladonna in the Third Stage of Pneunomia.

Case—On the 2d Oct. 1852, towards noon, M. X., a monk at Berguac, 25 years of age, pale, dark complexion, of a lymphatic sanguine temperament—of strong constitution, enjoying general good health, was imprudent enough, after inordinate exertions in the duties of his profession, to take, at a single draught, a large glass of iced water. During the night he was taken with a chill—called at six o'clock on the evening of the 3d to see him—found the following symptoms: anxiety, severe headache, eyes injected, white tongue, mouth open, intense thirst, nauseau, sleeplessness, urine scant with sediment, burning dry skin, full, frequent pulse, (115) dyspepnœa, painful persistent cough, *tearing* expectoration of viscid mucous, mixed with air and red blood—severe pain in the right lung, chiefly under the nipple—dullness over the inferior two-thirds of the lung of that side, with loud pneumonic crepitation. In spite of very low diet, appropriate drinks, rest, four free bleedings from the arm, (all more or less cupped,) within the space of thirty-six hours from my first visit, in spite of several large doses of tartar-emetic and ipecacuanha, two leechings, one to the painful part, the other around the inside of the ancles; in spite of blisters on the breast, and on the legs, synopism, emollient clysters, etc., the disease continued to progress.

At 10 o'clock, on the evening of the 9th, the local and general symptoms had continued to increase in number and gravity, until it was obvious that red hepatization of the lungs had taken place; face pale and anxious; extreme debility; lying all the time on the back; delirium—subsultus tendinum, vague expression, stupor, dry tongue; insatiable thirst for cold water; dry skin; eyes partly open; the eyeballs turned up; the pupils dilated; the cetina slightly sensible to strong light; passing urine involuntarily; pulse low, interrupted and diaphragmatic; respiration hard; cough scant and difficult expectoration, sputa thick and discolored; dullness increased and extended; respiratory murmnr, well over the seat of the disease; *rales* and other bronchial sounds; cold extremities; tendency to sinking towards the food of the bed.

Under the above circumstances, with no reasonable hope of evading an unhappy termination by ordinary means, we prescribed 15 centigrammes of the augueous extract of Belladonna, mixed ten grammes of "sirop de cappillaire," taken at one time.

At the end of an hour and a half the effect of the Belladonna was obvious, the patient slept tranquilly and quietly. In a few minutes his temperature augmented, face became adimated, warm, vapory, and anundant perspiration covered the body; the pulse rose, became stronger and less frequent; respiration was relieved; the symptoms all became more favorable. After two consecutive hours of repose, the patient awoke free from delirium, and feeling much better.

At 10 o'clock in the morning the pneumonia, which had to a certain degree re-assumed the characteristics of the first stage, was in a fair way to terminate by resolution.

Convalescence continued up to the 16 of November, when it was complete.—*De La Rue.*

EDITORIAL.

History of the Epidemic Yellow Fever at New Orleans, La., in 1853. By E. D. FENNER, M.D., one of the Visiting Physicians to the New Orleans Charity Hospital; member of American Med. Association, &c. &c. New York: Hall, Clayton & Co, Printers, 46 Pine St., 1854.

THIS is a Monograph of 84 pages; embracing a pretty full historical, statistical, sanitary, and medical record of that exceedingly fatal epidemic of Yellow Fever which scourged New Orleans and other towns on the Gulf coast and lower Mississippi so severely during the summer and autumn of 1853. The value of the paper is also enhanced by the addition of a few pages containing the conclusions arrived at in the "Second Report of the General Board of Health of England on *Quarantine* in Yellow Fever."—

Dr. Fenner in the work before us gives a very full and exceedingly interesting account of the rise, progress, and termination of the epidemic in the city of New Orleans. He gives an equally frank and full statement of the sanitary condition of the city at the time, showing the local causes of disease to have been most shamefully abundant. He also gives the meteorological and climatic features of the season. But we have only time now to state his conclusions in reference to those points which are of great interest, not only to the profession, but equally so to the municipal authorities of all cities and towns. The Report of the General Board of Health of England was signed by the Earl of Shaftsbury, Mr. Edwin Chadwick, and Dr. T. Southwood Smith. Dr. Fenner remarks: "I must say that my humble observations fully confirm the remarks and conclusions of this learned and able commission." Their conclusions he gives as follows, viz.:—

"From a consideration of the whole of the preceding evidence respecting Yellow Fever, we have arrived at the following conclusions:—

"1. That Yellow Fever Epidemics break out simultaneously in different and distant towns, and in different and distant parts of the same town, often under circumstances in which communication with infected persons is impossible.

"2. That Yellow Fever Epidemics are usually preceded by the occurrence of individual or sporadic cases of the disease, which sporadic cases are likewise common in seasons when no Epidemic prevails.

"3. The Yellow Fever Epidemics, though occasionally extending over large tracts of country, are more frequently limited as to the space over which they spread, often not involving the whole of a town, and sometimes not even any considerable district of it.

"4. That Yellow Fever Epidemics do not spread from district to district by any rule of gradual progression, but often ravage certain localities, while they spare entirely, or visit very lightly, others in the immediate neighborhood, with which the inhabitants are in constant intercommunication.

"5. That Yellow Fever Epidemics, when they invade a district, do not spread from the houses first infected to the next, and thence to the adjoining, and thus extend as from a centre; but, on the contrary, are often confined to particular houses in a street, to to particular houses on one side of a street. to particular rooms in the same house, and often even to particular rooms on the same story.

"6. That in general, when Yellow Fever breaks out in a family, only one or two individuals are attacked; commonly the attendants on the sick escape; and when several members of a family are successively attacked, or the attendants on the sick suffer, either the epidemic was general in the locality, or the individuals attacked had gone into an infected district

"7. That when Yellow Fever is prevalent in a locality, the most rigid seclusion in that locality affords no protection from the disease.

"8. That, on the other hand, so great is the success attending the removal from an infected locality, and the dispersion of the sick in a healthy district, that by this measure alone the further progress of an epidemic is often arrested at once.

"8. That such dispersion of the sick is followed by no transmission of the disease, not even when the sick are placed in the wards of a hospital among patients laboring under other maladies.

"10. That no one of the preceding facts can be reconciled with any other conclusion than that, whatever may be the exciting cause of Yellow Fever, it is local or endemic in its origin: and the evidence of this conclusion is, therefore, cumulative.

"11. That the conditions which influence the localization of Yellow Fever are known, definite, and, to a great exten removable; and are substantially the same as the localizing causes of Cholera, and of all other Epidemic diseases.

"12. That, as in the case of all other Epidemic diseases, in proportion as these localizing causes are removed or diminished, Yellow Fever ceases to appear, or recurs at more distant intervals, and in milder forms.

"13. That besides the common external localizing causes, there is one constitutional predisposing cause of paramount importance, namely, non-acclimatization—that is, the state of the system produced by residence in a cold climate; in other words, European blood exposed to the action of tropical heat; the practical lesson being, that the utmost care should be taken to prevent individuals or bodies of men recently arrived within the Yellow Fever zone, from going into a district in which the disease actually exists, or has recently been present.

"14. That there is no evidence to prove that Yellow Fever has ever been imported.

"15 That consequently the means of protection from Yellow Fever are not quarantine restriction and sanitary cordons, but sanitary works and operations, having for their object the removal and prevention of the several localizing conditions, and when such permanent works are impracticable, the temporary removal, as far as may be possible, of the population from the infected localities.

"We deem it our duty to state, in conclusion, that from the most careful examination which we have been able to make of the mass of evidence submitted to us from which the foregoing conclusions have been deduced, we have not found a single fact or observation clearly ascertained and authentically recorded, opposed to the general tenor of such evidence. We have met with no exceptional cases. We have indeed found the opinions of some authorities, for whom we entertain great respect, not in accordance on some points; but these have reference for the most part to matters of a purely professional and scientific nature. On the great practical question, whether, whatever may be the nature and mode of propagation of Yellow Fever, Quarantine and Sanitary Cordons can afford any real protection against its introduction and spread, we believe there is now a very general unanimity of opinion, in accordance with the evidence we have submitted, that they cannot. We believe there is the like general agreement in this further practical conclusion, that the substitution of Sanitary or Hygienic measures for Quarantine isolation and restriction, would afford more certain and effectual protection."

A Text Book of Anatomy, and guide in dissections for the use of Students of Medicine and Dental Surgery. By Washington R. Handy, M. D., Prof. of Anatomy and Physiology in the Baltimore College of Dental Surgery, etc.

This is an elegant work, containing 785 pages, with 264 wood-cut illustrations.

While this branch of Science, in its present state of perfection and completeness, offers but slight opportunity for original contribution, yet we have long entertained the opinion that much might be done, not only in the way of an improved arrangement of the subject, but more especially by rendering its dry and rugged details, in language more attractive; and we believe this object has been aimed at, if not fully attained in the work before us; the style being easy and familiar, while the minutest details are set forth clearly and definitely.

Although this work is professedly designed to meet the wants of both Medical and Dental Students, yet the demand particularly originates with the latter, who have long expressed the want of a production more adapted to their profession than the ordinary works on Anatomy; and in meeting this want the author has given special attention to the anatomy of the mouth, together with its anatomical and physiological relations to the general system.

The author commences with a lengthy introduction, comprising a history of the science of anatomy, and a general outline of organization, while the body of the work is divided into four parts.

The first treats of the elementary tissues; their anatomy, origin, physical and vital properties, etc.

The second part treats of the head; combining in the description of the various organs, both their anatomy and physiology, together with their functional and anatomical relations.

The third part describes the trunk, in the same physiological order: ending by showing the relations existing between the mouth and its several organs and viscera.

The fourth part treats of the extremities in the ordinary manner.

Altogether we believe this work to be, in many respects, a decided improvement, and feel safe in recommending it to the professional public, not only for its accuracy, but more especially the attractive style, in which the author treats his subject, a great desideratum with a large proportion of Students, who are apt to come to the conclusion that "Anatomy is a dry study." F.

Letter from La.

[The following extract from a private letter from our much respected friend Dr. Huey, will interest many of our readers.]

ATCHAFALAY PARISH, ST. LANDRY, LA. }
Jan. 25. 1854. }

DR. HERRICK:—The diseases of this section are such generally as will be found most commonly throughout the great valley of the Mississippi. Itermittents, Remittents, Typhoid, Pneumonia, Rheumatism. Dysentery, Diarrhœa in a common way. This summer has formed an exception, in the way of Epidemic Yellow Fever, a few cases of which was encountered in my neighborhood, at least it was the same disease which prevailed throughout the South this summer and fall, and was most generally pronounced Yellow Fever, though it was denied as being Yellow Fever by some of the most eminent Physicians of New Orleans, and other localities; for example Dr. Warren Stone, of New Orleans, said it was a combination of Yellow Fever and African Plague. I have not seen anything from his pen regarding it, but that is the general report respecting his opinion concerning it. The symptoms of the fever which prevailed here, and which I attended and treated (some seven or eight in number) were—first, an indisposition, slight for a longer or shorter time, generally 12 or 24 hours—when would ensue severe pain in the head and back, more so than is generally found in remittent fever, great suffusion of eyes, which were dull and heavy looking, tongue red and broad with a white mucus in the middle in some cases—and in others bilious coating in the middle. Bowels costive, great heat of surface generally; nausea and vomiting—this was *most generally* indeed a troublesome symptom, and the character of the matter vomited was bilious. Pulse—from 110 to 120 in the minute, generally full, these symptoms were high for 3 or 4 days, when they would assume more of the typhoid type. Another prominent symptom was bleeding from the nose and mouth, and in one case, continued oozing of blood from the gums lasting 9 days.

The character of the discharges from the bowels, showed [illegible]il formed its principal ingredient. The treatment was at first to use the warm mustard bath (that is foot-bath); when they would be wiped dry, placed in bed, and given from 10 to 20 grains blue pils or, Cal. gr. 10 Dov. gr 8 and at the expiration of 8 hours, a large dose of Caster Oil and Spirits Turpentine, to insure free action on Bowels. For sick stomach. mustard plasters were applied, in connection with soda powders given internally; and after the bowels were freed and the sick stomach measurably ceased, I gave a diaphoretic of Nitre and Dig., most generally. In one case, that of a stout young man, after the operation of the cathartic as above, I commenced with the Quinine in large doses, (on the evening of the second day of the fever) 60 grains in 24 hours, at intervals of 8 hours 20 grains, till he he had taken in the 48 hours 120 grains, which was followed by profuse diaphoresis, cessation of fever, and convalescence on the 5th day. In the other cases I did not use the Quinine to the same extent—but relied more on the diaphoretic proper—using an *expectant* treatment. In the case of bleeding as mentioned, in conjunction with the remedy mentioned, used the chlorate of potash 40 grains to 3 oz. water, in table spoon doses once in 12 hours. The potash was used to supply oxygen the blood, which was considered deficient in that particular. In this case there was in connection with the symptoms stated *great* lessness during the whole time, at least till convalescence ensued.

This is a rough sketch of the disease, as was seen here, and I suppose you would like to hear, whether they got well or died.—With pleasure I can say they all recovered. Now, whether it was owing, in any great degree, to my treatment or not, I cannot tell as Prof. Fitch of R. Med. College used to tell us, our patients may get well, in *spite* of our treatment, and I confess this has often occurred to my mind, and has perplexed me much.

I have a case to relate to you, of a different character. A young lady now 18 years of age, in the year 1850, was taken with Parotitis on both sides which continued in the usual way, for 5 or 6 days, when she began to get better. At this juncture she imprudently exposed herself in a damp gallery, and was taken with fever the swelling returned, and extended to the clavicles and even behind the ears—in fine the whole of the throat and jaws swelled prodigiously, and interrupted the breathing very much—and in connection with this and the fever, vomiting came on one evening during the efforts of which she became partially deaf, and the next day, she became totally deaf, and has remained deaf ever since. The fever continued for some time afterwards, and she had in common terms, what is called a long spell of sickness. She was taken in the summer and did not *go about* for 8 months. Ever since this spell, her health, contrary to all expectations, has been tolerably good—and she retains to a remarkable degree, the power of speech, and that with good modulation and intonation of voice. One unacquainted with her, on hearing her talk, would hardly suppose her to be deficient in hearing. She is lively in disposition, and intelligent. The glands around the throat are hardened, and the opening of the Eustachean tube within the mouth seems to present some degree of contraction. The tube is not entirely closed, at least was not a year ago. There is little or no secretion from the external ear, and there has never been any running of any kind, indicating anything like disorganization of the parts; but the ringing of the largest bell, over her head, she cannot hear. The firing of a cannon, or report of a gun, makes an impression through the sense of touch. Now the small bones of the ear may be affected, Paralysis of the auditory nerve in connection with the partial occlusion of the Eustachean tube may suffice to produce the result, I suppose, but to see the cause certainly is an object of inquiry. She is frequently troubled now with a roaring or rumbling in her ears—and I tried the effect of Quinine on her, and it produces a ringing in her ears—as she expresses it.

Your Friend,

GEORGE J. HUEY.

Iodine an Antidote to the Poison of the Curare.

We find in a late number of the Gazette des Hopitaux the following which we are sure will be interesting to our readers.

Messrs Brainard and Green have communicated to the Academy (of Sciences,) a paper having the following title, On the use of Iodine an antidote to the poison of the Curare. One of the authors (M. Brainard,) has previously published the results of his experiments concerning the action of Iodine as an antidote to the bite of certain Crotali. In the new paper the experiments detailed go to show that the same solutions of Iodine have a similar influence over the American poison known as the Wooraro or Curare.

We have remarked, say our authors, a great analogy between the action of these poisonous preparations and the effect of the bites of of some of the American Serpents, In adition it has been well established that the venom of these serpents has at least something in common with these poisons; we have been led to experiment with the same remedies as antidotes, which we have previously found as efficacious against the bite of the serpents.

As they have found preparations of the Curare which differ in strength, the two authors have in the first place determined the activity of that which they made use of in their experiments and which had been given to them by M. the Prince Ch. Boneparte.

One Centigramme was sufficient to render a pigeon incapable of sustaining itself in 8 or 10 minutes, although it continued to live for an hour or more in a kind of lethargy, it was difficult to determine the exact moment of its death. It is neccessary to use but a very small quantity of the poison, otherwise its effects are so rapid that there is not time to have recourse to the antidote.

We have found that 2½ centigrammes are sufficient to kill a Guinea Pig in three minutes.

We mingled in a glass mortar five centigrammes of the poison triturating it with 20 drops of distilled water.

Experiment first.—We injected under the skin of a Guinea Pig, 10 drops of this solution, the operation was scarcely terminated before the animal fell on its side, and in about three minutes it was completely dead.

Second Experiment—We mingled 10 drops of this solution vith 80 drops of an Iodine solution prepared as follows:

Iodine - - - -	0,50
Iodid potass. - - -	1,50
Aquæ dist - - - -	24.00

This mixture was kept for 30 minutes at the temperature of the body, and then injected under the skin of a Guinea Pig. the operation did not appear to effect the animal, the next morning it was apparently well.

Third Experiment.—As it might be objected that in our second experiment, the dilution of the poison in the water diminihsed its activity, we mixed 10 drops of the solution of Curare with 30 drops of distilled water, the whole was then injected under the skin of a Guinea Pig, it died at the end of three minutes.

Fourth, Fifth, and Sixth Experiment.—We mingled 12 drops of the solution of Cerare with 60 of the solution of Iodine; this mixture kept at the temperature of the body for 20 minutes, was divided into three equal parts, and injected under the skin of three pigeons, none of which were affected.

Seventh Experiment.—We mixed 4 drops of the solution of curare with 20 drops of the solution of Iodine, and injected the mixture immediately under the the skin of a pigeon which was not affected in the least.

As it might be supposed that the dilution of the poison in the water diminished its activity, we have assured ourselves that it is not so. This fact has been placed beyond doubt, by the results of the eighth, ninth and tenth experiments.

Eleventh and Twelfth experiment.—In order to place the subjects for experiment in the condition of those poisoned by a bite, we took two pigeons and injected under the skin of each 4 drops of the solution of Cerare, Immediately after we injected 20 drops of the Iodine solution in the wounds of each of the two pigeons, applying cups which were kept on five minutes. The two birds did not appear to suffer from this experiment.

Thirteenth Experiment.—After having shaved the flank of a Guinea pig. we injected under the skin 2½ centigrammes of the curare dissolved in 60 drops of water. Then we injected immediately the same quantity of the solution of Iodine; we applied cups, and the animal was not affected.

Fourteenth Experiment.—We injected 2½ centigrammes of the curare with 30 drops of water under the skin of a guinea pig, and submitted it to no treatment; it died in five minutes.

Fifteenth Experiment.—We injected under the skin of a pigeon 4 drops of the solution of curare, 30 drops of the solution of Iodine, and 30 drops of water; no effect was manifest.

Sixteenth Experiment.—We injected 4 drops of the solution of curare and 10 drops of water; the animal died in one hour.

Seventeenth Experiment.—We injected 5 drops of the solution of curare with 30 drops of the solution of Iodine and 30 drops of distilled water without any unpleasant effect.

Eighteenth Experiment.—In this experiment and the following we used a poison brought from the borders of the Amazon and known as the *ticunas.* This substance has the brilliant appearance of resin and a strong odor. It is known that it has been prepared less than four years. We used a solution of 5 centigrammes of the ticunas to 20 drops of water; 5 drops of this solution injected under the skin of a pigeon produced death in seven minutes.

Nineteenth Experiment.—We injected 8 drops of this solution of ticunas and two minutes after 20 drops of the Iodine solution and 20 drops of distilled water; we applied cups for 3 minutes. No effect was manifested.

Twentieth *Experiment.* We injected 8 drops of the solution of ticunas; then 20 drops of the Iodine solution; no effect was produced.

We believe ourselves justified in drawing from the preceding facts the following conclusions:

1st. The solution of Iodine and Iodide of Potassium is within certain limits a perfect antidote to the curare; mixed with it (as in solution) it destroys its poisonous effect.

2d. The Iodine solution injected immediately after the solution of curare neutralises completely its effects, provided that care be taken to apply a cup in order to arrest the circulation, and thus allow the Iodine to come in contact with the poison. It produces neither suppuration nor loss of substance by gangrene.

3d. The Iodine solution applied upon the surface of a deep wound of the muscles, in which the curare has been introduced, prevents the effects of the poison.

4th. The solution of Iodine has upon the curare an action perfectly identical with that which we have previously shown it to possess over the poison of the crotalus (Mem. presented to the academy Nov. 28th, 1843.)

5th. The identity of the effects of the curare and the poison of the crotalus, their same odor, and the effect of Iodine in controlling their actions, give much weight to the opinion already sufficiently indicated, that the active principle of the curare and analogous preparations is identical with that of the crotalus preserved in a particular manner.

Iodine—an Antidote to the poison of the Rattlesnake.

MESSRS EDS:—I see from the February No. of your Journal and also from the newspapers, that Prof. Brainard of Rush Medical College (now in Paris) claims to be the first discoverer, that Iodine is an antidote to the poison of the Rattlesnake. The fact may be, and probably is original with him. But I deny that he was the first to discover it, unless he made the discovery previous to the 14th day of September, 1848, for it was at this time that I made the first application of Iodine to the human subject, for the purpose of neutralizing the poison of the Rattlesnake, and with entire success, on a boy about 15 years of age, residing in this neighborhood. I saw him him about six hours after he was bitten and found the limb (leg) somewhat œdematus; made external application of Tinct. Iodine, with camel hair pencil, and gave 20 drops internally once in four hours until swelling subsided. After a few doses and applications the boy recovered without any other treatment.

I have since used it soon after the wound was made, externally and alone, with the same result, and I am now perfectly satisfied that the Iodine treatment, thoroughly carried out, will deprive the Snake of all his terrors.

I do not deem it necessary to inject the Iodine into the tissues in order to obtain its beneficial results. Because the alcoholic tincture which I use will be as readily and more perfectly absorbed than the poison itself. And I know the tinct. to be much better than the Iodid. of Potass. or Aqueous solution, for the reason that it is more readily absorbed by applying to the surface of the body than any other preparation of the Iodine.

Yours, &c.

JOLIET, April 10, 1854. E. HARWOOD, M. D.

[In Vol. 1st of the North-Western Medical and Surgical Journal. page 396, is an article by Dr. Whitmire of Metamora, Illinois, in which he reports a case in his practice in June, 1846, treated by the external application of Tinct Iodine. If there be any honor in priority of use, it is due to Dr. Whitmire.

EDS. JOURNAL.]

Cook County Medical Society.

THE regular monthly meeting of this Society was held in the office of Dr. N. S. DAVIS, on the 4th of April. The President and Secretary both being absent, the meeting was called to order by the Vice President, and Dr. H. Smith appointed Secretary pro tem. The communication of facts and cases being called for, Dr. D. A. Colton alluded to some cases of remittent fever, and made the inquiry whether, when sulphate of quinine given in two or three grain doses produced unpleasant symptoms, such as ringing in the ears, nervousness; &c., the *dose* should be *incraesed* with a view to induce the sedative effect of the remedy; or whether it should be modified by the addition of other remedies or superceded altogether?

Dr Schneider related some interesting facts in relation to the use of quinine in one of the military hospitals in Europe, from which he inferred that quinine was very often borne with less cerebral disturbance if given immediately after the operation of a mild cathartic, or in combination with a few grains of pulv. rhei. Similar facts had also been noticed by other members of the Society.

Dr. N. S. Davis related some cases of erysipelas; one particularly of the face and scalp, in which the muriated tinct. of iron was given in doses of 20 drops every four hours, with prompt and decided benefit The tinct. of iron was not exhibited until the third or fourth day; and had been preceded by alterative doses of calomel combined with opium.

On inquiry among the members, it was found that erysipelas had been more prevalent than usual in the city, during the last two weeks. Two or three deaths had been reported from that disease; and Dr. Davis said he had met with six cases recently in his own practice, and all but one in the southern part of the city.

The reading of essays having been called for, Dr. F. Schneider, read a paper headed, "A new method of extracting the retained placenta." The paper of Dr. Schneider referred chiefly to those cases of retention of the placenta requiring the use of the proper forceps for its extraction; and the novelty proposed was in the mode of making the *tractive* force. He said the chief immediate dangers encountered in removing adherent and retained placentas, were hœmorrhage, and inversion of the fundus of the womb. The Doctor related some cases which had led him to the conclusion that if, when the retained body was seized by the forceps, the traction was preceded and accompanied by a twisting or rotary motion of the instrument, the adherent parts would be detached with less liability to hœmorrhage or inversion, while the same manipulation would strengthen the placenta itself, and render it less liable to be torn so as to leave a part behind. Dr. Schneider's paper was an interesting one and elicted some discussion.

He was also requested to place a copy on file among the papers of the Society.

The present meeting was the proper one for the annual election of officers; but several of the older members of the society being absent, that business was postponed.

And on account of the meeting of the American Medical Association on the first Tuesday in May, it was resolved to hold the next monthly meeting on the *second Tuesday* of May next; after which the Society adjourned.

HIRAM SMITH, M. D.,
Secretary pro tem.

Aurora Medical Association.

At a meeting called for the purpose of forming a Medical Society, pursuant to an adjournment of a preliminary meeting held at Aurora, March 6th, Dr. O. A. Lovejoy was called to the chair and Dr. A. Hard was appointed Secretary.

The preliminary steps were then taken for the organization of a Society, to be known as the Aurora Medical Association, and Drs. Angell, Young, and Hard, were appointed a Committee to prepare a Constitution and By-laws, for its permanent organization.

On motion, the Meeting adjourned to meet at 7 P. M.

Meeting called to order by the President. Dr. Angell, Chairman of the the Committee, reported that they had performed the duty assigned them; which report was accepted, and the Constitution and By-laws were, with some amendments, adopted.

The following permanent officers, were then elected for the current year, viz : Dr J. L. Brooks, President ; Drs. L. H. Angell, and J. E. Carr, Vice-Presidents ; Dr. O. A. Lovejoy, Secretary ; P. A. Allaire, Corresponding Secretary ; Dr. D. W. Young, Treasurer ; Drs. D. W. Young, J. E. Carr, and A. Hard, Censors.

On motion, the Secretary was requested to publish in such Journals as he thought proper, an abstract of the proceedings of this meeting. When,

On motion, the Association adjourned to meet again the 2nd Monday in April. J. L. BROOKS, Pres't.

O. A. LOVEJOY, Secretary.

A regular meeting of the Association was held at Aurora on the 10th inst.

Dr. D. W. Young, was appointed delegate to the American Medical Society. Dr. J. E. Carr, Substitute.

Dr. P. A. Allaire was appointed delegate to the State Medical Society. Dr. A. Hard, Substitute.

Dr. Ira Dales presented his credentials, and was admitted as a member of the Association. Drs. C. Wheeler and D. Eastman were admitted as Honorary Members.

Various matters of professional interest, were talked of and discussed, after which the association adjourned to meet again on the first Monday in May. O. A. LOVEJOY, Sec'y.

Aurora, April 13th, 1854.

Obscure Tumour—Sudden Death.

(From a private letter we make the following extract, the case is a singular one, a more complete history would be desirable. EDS. *Journal.*)

An interesting case came partialy under my observation during the past winter, would have been reported to you had any one, or any single set of men had the entire charge of it.

A child three years of age, early last summer had what is called a "stiff neck," with pain in the spinal column, at times application was made to me, and a simple treatment was adopted, by which the pain was relieved and the stiffness obviated. In the middle of the winter I received a summons to see the child and be prepared to remove a tonsil. Before I had made any examination whatever, I learned that they had been to a professed and competent surgeon, who had partially removed the tumor, and that it had grown more rapidly since the removal; they had again applied to him, and he had refused to operate further but gave them medicines, with directions which they had not followed. I then, without examination, refused to do anything for the child, and referred them to the first surgeon. After much entreaty on their part, I examined the case slightly, saw a tumor springing from the fauces, filling the entrance to the throat, and impeding respiration, it was hard to the feel. I did not determine its connections, again I refered them to the first surgeon, promissing to assist him if he thought best to operate and desired. I gave them no opinion whether I thought an operation best. But they still insisted that I should do so, when I told them I would do nothing without further council. This was procured, and the only determination was to return it to the first surgeon; which we finally persuaded them to do. The first surgeon would not operate, but they found two physicians who finally consented to try, all having expressed the opinion that the operation would be dangerous if not fatal. A cork was placed between the teeth, and as yet no instrument had touched the child, it faint-ed and died. I regret that the tumor with its connections was not removed. I have been thus particular in the historical paart of the transaction, to show that a correct report could not easily be made. I was not present at the operation.

Query. what was the tumor? In this doctors disagree. Let us examine the circumstances. The tumor filled the fauces and partially the mouth, so completely that owing to the difficulty of breathing, it was scarcely possible to determine its connections, whether fauces tonsil or tongue. There appeared no enlargement of the opposite side, or redness of the surrounding parts. The submaxillary glands on the affected side were enlarged but not on the other. After the operation there was no hemorrhege, the operating surgeon after the death of the child, found the connections clearly joined to the tongqe with a wide short base or neck. The tumor was very brittle, holding a tenaculum but tearing out with the least force, internally it was of a fleshy character, rather colored, but hardly sarcomatous. Some regarded it as malignant and others as a polypus.* Those who examined it the most carefully, regard it as the latter. The tumor had not been fully removed at the time of the operation, and grew very rapidly afterwards.—Would it have been advisable to have performed tracheotomy before commencing the operation.

Truly Yours,

STORRS HALL.

[We learn from our correspondent that a medical society has been formed by the physicians of the county of Fond du Lac.—Dr. Wm H. Walker is the delegate to the American Medical Association. EDS. JOURNAL.]

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The friends of Prof. Brainard will be gratified to know that he is reaping new honors in the old world. We present our readers in this number, an interesting letter from Prof. B., also a translation from the Gazette des Hopiteaux of his experiments on vegta_ble poisons. He is expected home about the 20th inst., J.

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*In Chelius surgery is given a descrip'ion of polyps of almost a similar character, but situated lower in the throat than this.

THE NORTH-WESTERN
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VOL. III. MAY, 1854. NO. 5.

ORIGINAL COMMUNICATIONS.

Transactions of the Illinois State Medical Society, for the year 1853. "On the uses of Turpentine; by SAMUEL THOMPSON, M. D., of Albion, Illinois."

A Dictionary of Practical Medicine, Comprising General Pathology, the Nature and Treatment of Diseases, Morbid Strictures, &c. By JAMES COPLAND. M. D., F. R. S. Re-published by Harper & Brothers, New York.

"Render unto Cæsar the things that are Cæsars."

(*Continued from page* 54.)

We have no doubt that Dr. Thompson will find by a further experience of the use of Turpentine in Diarrhœa alba, at least in that form which arises from an excited, inflamed or ulcerated condition of the mucous membrane, especially when the disease is of some duration, and is passing or has passed into a chronic state—that it is, without any exception, the best remedy that we possess for removing the morbid condition on which the diarrhœa depends, if one medicine only is used—although in a majority of cases, other medicines may be given with advantage, either separately or in combination with it.

We will here relate a case, to which we were called early in the morning of July 12th, 1844, and in which Turpentine was used alone in the beginning, but unsparingly and successfully. The patient was a girl three years and two months old. We had heard of the case some ten days before we saw it, and almost daily after—and that it was gradually getting worse, and at two o'clock in the morning had been told that the child was dying. We had barely reached home when the father rode up, and asked if we would go over to Wyoming and see his child, which he had no doubt was dying. He told us that the senior Dr. had not seen it for three days—failing to come yesterday, he presumed the Dr. had given up the case. The Dr. in attendance had refused to give it any medicine, or do anything else for it since the day before, for the child was dying, and it would be useless and cruel to disturb it. Without any real occasion, there had been some preduidice in us towards this family, and we were perfect strangers to every member of it; this feeling was known. for we always take the trouble to let any one whom we dislike know the fact, for to us it is the most unpleasant task belonging to the profession, to attend such in any case of sickness, and especially if the sickness be of a dangerous or fatal character, and this was the reason why we did not earlier see the case.

On arriving at the Garden gate we were met by the mother, who convulsively took our arm, and said with an evident depth of feeling, that mothers only experience, "Dr. H., my only child is dying, and I want you to do something for it, although you may know that it will do it no good, for it will relieve my heart which is breaking."

On entering the room we found the child in a cot, breathing rapidly, and with a death-like countenance: a napkin had just been removed, and the discharge contained nothing except mucus and muco-purulent matter. We stayed not to make inquiries—"desperate cases, require desperate remedies," and the sooner they are used the better. We gave the child two tea-spoonfuls of Turpentine, losing something like a third in the exhibition of it. An ounce was mixed with three ounces of gruel and thrown up the bowels, and a flannel moistened with Turpentine was wrapped round the body and covered with a greased newspaper; this occupied about five minutes. We then retired for a few minutes, and on our return ventured, from the great change in the countenance, to relieve the breaking heart by giving, somewhat gradually, however, a favorable prognosis.

This is another case where the system immediately recognized the efficiency of the medicine.

We then took breakfast, which occupied some fifteen minutes, and on our return to the patient found it breathing easily and sleeping sweetly, although the surface was literally as "red as a boiled lobster." There was no farther difficulty; a few drops of Turpentine three times a day for four days arrested the mucous and muco-purulent discharges, and a few doses of Hydrarg. cum Creta occasionally given for five days, completed the cure; the discharges when they became feculent manifesting an absence of bile.

We are totally ignorant of the prior treatment of the case, although the Physician in attendance was present when we entered; we had not spoken to him for over two years, and the feelings we had towards him forbade any enquiry.

There is another form of Diarrhœa in which the discharges are *white*, large in the beginning of the disorder, contain a great quantity of gas in small vesicles, and in appearance very much resemble yeast. This form is generally met with in children during the hot summer months, and probably depends on a torpid condition of the liver, and it readily yields to the Hydrarg. cum creta given three times a day until the stools become yellow, and once every, or every other day for a week, or longer should the discharges show a tendency to return to their former condition.

And yet there is another form of Diarrhœa in which the discharges are white, but less feculent, more offensive and more frequently voided than in the preceding variety. We have met with it more frequently in the spring than at any other season of the year—the abdomen is always large and the countenance sallow and unhealthy. For this variety we have found the Iodide of Mercury, given until the discharges become yellow, and afterward the Sulphates of Quinine and Iron, the best treatment.

We refer to these, because Turpentine in our experience has been useless as a remedy in such cases, and yet they would evidently come under the somewhat vague designation of white Diarrhœa; but on the other hand, in Diarrhœa arising from the pathological conditions first mentioned, it is by far the most efficient remedy we possess, and we say this on an experience of over twenty years and in hundreds of cases.

We have only had an opportunity of giving Turpentine in one case of hœmatemesis, and although no vomiting of blood occurred after its exhibition, still we had some little doubt whether its arrest depended upon that medicine; but the authority of Copland is warmly in its favor and to the point.

"Notwithstanding its usual nauseating effect, Turpentine is generally retained in hœmatemesis, and it allays the vomiting by arresting the hamorrhage. It may be given in any dose, from twenty to thirty drops every half hour , to half an ounce or more at considerable intervals; it may also be administered in *enemata*, or applied externally in the form of *Liniment*, or *epithem*. I have resorted to this practice upwards of twenty years, and am convinced that it is safer and more appropriate, generally, than any other yet recommended."—*Copland*, *op. cit. Volume 2*, *Page* 98.

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Collodion in Erysipelas. By Hiram Nance, M. D., of Lafayette, Illinois. Read before the Stark County Medical Society.

I am happy to add for the good of mankind and the success of our profession, my experience (though limited,) in the use of Collodion in Erysipelas. All Physicians who are familiar with this disease look on it with suspicion, though trifling it may appear at its commencement or formative stage. Erysipelas appears in so many forms, and such variety of grades, that I believe few Physicians or Surgeons would attempt in a short essay like the present to give the different varieties. The kind that I refer to I will explain by citing a few cases.

Case 1st. I was summoned on the 11th day of Dec., 1852 to see J. M——, aged 16 years. He was of a nervo-lymphatic temperament; I found him with his upper lip much swollen, and on making inquiries his mother informed me that there always existed a fisure in the part that the disease seemed to commence at, and that he was quite subject to sore lip. The lip was swollen so much that it was entirely out of its ordinary shape, the focus of disease seeming to be the fisure above mentioned. Connected with the swelling there seemed to be a point containing matter near the center of the disease; this point was covered with a whitish eschar, but on puncturing it with a lancet but a very small quantity of matter would exude. After two or three days, as the swelling increased from the lip up to the nose, cheek, and on the scalp over the parietal bone, these little whitish points increased in number, but varied nothing in description. The swelling was enormous on that side of the face and head; so much so that his physiognomy was entirely changed, and he would not have been recognized by his nearest friends. The tumefaction also extended into his mouth, being so great that it was with great difficulty that the act of deglution could be performed.

The type of sympathetic fever was neither sthenic nor asthenic, being of a medium grade—pulse about 100—profuse perspiration most of the time, but little delirium at first; but as the disease advanced he became quite wild and incoherent, no intermission of fever, but slight remission—Bowels torpid.

Treatment.—Gave 8 or 10 grs. Prot. Chlo. Hydr., to be followed in 4 hours, with Sul. Magnesia ℥ss. every 2 hours until the Bowels are moved. After this I gave Sol. Tar. Emet. and a Dover Powder to quiet the system. Cold applications were applied to the head, and cold lead water applied in saturated cloths to the diseased parts. This local application I applied until I was satisfied that it produced no favorable effect. I then used Nit. Sil. in substance, and a strong solution until I was confident that nothing important could be gained from it. Poultices &c., were applied cold and hot, but all to no use.

I omitted to say that I gave Quinia at the intermission, but it shared the same fate with the other remedies, being destitute of any perceptible value. This treatment was continued until the fifth day and my patient grew more and more delirious with contracted pupils, and expired with a diseased brain, connected with the Erysipelas. I did not see this patient until he had been ill some three or four days.

Case 2.—About ten days after this time, E. H——, a Gentleman of about 40, was attacked in the same way. He had been out all one night and was exposed to a North West wind; on the third day he was taken with chilly sensations, succeeded by fever, and the lip commenced swelling; on the second day after this I was called, and I resolved to try something new, and as Collodion had been mentioned in the Journals, I determined to give it a trial. I made an application of it all over the swelling—gave him the same constitutional treatment I did the other—ordered the Collodion to be applied every four or five hours. At my next visit on the succeeding day I was agreeably surprised to find patient better. There had been no increase in swelling, the pulse was slower, not much head ache. I ordered Quinia and kept the Bowels moved by Pulv. Rhei and continued the Collodion.

Third day, patient still better, but complained of tension of the skin, where the Collodion was applied, and wished a different application, and I was induced by his solicitations to make a different application, and dressed the parts with Unguentum Hydr. Fortis, with constitutional treatment the same, with an addition of wine.

Fourth day, patient not so well, swelling much increased, some more fever; removed the ointment and again applied the Collodion; constitutional treatment continued.

Fifth day, improvement again, and so continued until perfect health was established.

Case 3.—A week after this time a Brother of the above was taken with a chill, succeeded by a fever; and the upper lip commenced swelling. I was called immediately, and ordered Collodion to be applied every four hours; same constitutional treatment as the others. The swelling never increased any more, and of course convalescence was established immediately.

Case 4.—I was called in the month of April, 1853, to visit Mrs. R——, and found her with her face much swollen—had had Erysipelas before; fever asthenic; ordered a laxative of Calomel and Rhei, followed by Quinia and wine, and ¼ gr. Sul. Morph. every three or four hours during the night, to quiet the system and promote sleep; with Collodion applied all over the face, to be repeated every three or four hours. I visited her three days, and convalesence was fully established.

Case 5.—Six days from this time I was called to see J. R. R. husband of the lady last reported. The disease had been progressing for four days; the middle finger of the left hand was the seat of the mischief; sthenic grade of fever; ordered Calomel Jallap and Cream Tartar—Collodion applied all over the hand, the swelling and distension being so great, I sacrificed with some ease to my patient the most painful part. When the fever remitted I gave Quinia. Under this treatment my patient improved until health was established.

April Meeting. Gentlemen.—Since I last had the pleasure of meeting with you, in our County Medical Society, I have had an opportunity to test farther the virtues of Collodion in Erysipelas.

On the 26th day of February 1854 I was called to see Wm. S——, forty years of age; found him suffering from zona (shingles). The eruption was in groups, from six or eight inches, to not more than an inch square in surface, spreading from the right hypochondriac region, to as far up as on the neck. I ordered a mild cathartic, to be followed by a dover powder, and if this did not quiet the system, to give morphia every three or four hours.

As a local application I used a solution of Nitrat. Argent.; this remedy I have frequently used before in this disease, but the disease under its use will continue several days. I used it for three days with but little, if any benefit in this case. My patient became discouraged as well as myself, and I determined to try Collodion; accordingly I made a free application all over the eruption and ordered it to be applied twice a day. In 24 hours I was agreeably surprised to find my patient sitting up, saying that the "burning" had entirely ceased. I told him to continue it a few days longer; he did so, and the cure was perfect.

It is true that zona is not genuine Erysipelas, but should the remedy in subsequent cases prove so valuable it may save much suffering. Zona is a disease of very inferior importance, when compared with Erysipelas.

A child aged six years, of a scrofulous disposition, with the *Glandula Concatanata* of the lower jaw, in a state of supuration, was brought to me for treatment. I placed it on solution of Ferri Iodini, and the Tinct. of Iodine, to be painted on the parts that were not in a state of supuration. Five days from this time the child was presented again with very marked improvement in the glandular disease; but a herpetic eruption not unlike zona had made its appearance on the arm and forearm. I continued the Iodine treatment, and used Collodion, locally; improvement commenced immediately. It may be premature in me to report these two last cases, but should any member have similar ones, it would be a pleasure to me to have them test the virtues of Collodion and give me their experience.

On the 15th of march, 1854, I was called to see Mrs. H——, who was suffering under Erysipelas of the upper lip; fever, asthenic. I ordered mild cathartic of Calomel and Rhei. to be followed during the remission of fever, with Sul. Quinia in 2 gr. doses, every two hours, with local application of Collodion all over the lip, cheek, and up on the temples as far as the tumefaction extended. After the Collodion was applied, the swelling increased but very little.

Gentlemen, you will observe the first case that came under my care died. It is true that the disease had existed longer than any one, except one, before I saw him. Collodion was not used in his case. Had it been used, I believe my patient would now be in the enjoyment of good health.

You will also observe that I was induced in the second case to omit the Collodion, and on my next visit my patient was much worse; that I again prescribed it, and a continual improvement took place until convalesence was perfectly established.

In conclusion, I would say *use it* and *use* it *freely*, and I believe you will find a remedy that you will all confide in.

The makers, venders, &c. of Collodion recommended it for burns, scalds, fissures &c.; also as an adhesive agent. I would remark that I believe it not fit for any of these diseases, as the pain it causes in these, preponderates over all good that we derive from it.

Query. How does Collodion act upon the system or the diseased parts, to modify the disease so remarkably?

In answer to this I would say that I believe its favorable action is produced by an entire exclusion of all irritants acting immediately upon the diseased parts.

In most works or essays written upon Erysipelas you find various local applications recommended, such as Unguent. Hydr. Fortis, Adeps or Lard, Flour, Starch, Blisters, Nitrate of Argent. in substance or strong solution &c. &c., none of which so effectually excludes all irritants as Collodion. Of all the irritants that act upon Erysipelas none are probably so pernicious as the atmospheric air. Some authors have remarked the application of Lard was probably as valuable as any local agent, and I believe until Collodion was used it had equal advantages with any.

I don't wish to lay to much stress upon this valuable therapeutical agent, and place our whole and only hope upon it alone. No, Gentlemen, look to the system, and treat it upon a sound pathology. If there is a miasmatic state, then in conjunction with the local application of our favorite remedy, administer Calomel, Quinia &c. If you find a highly phlogistic state of the system, open a vein and reduce the person to the state you wish. If there is asthenia in an anæmic patient, administer wine, steel, &c.

A Case from my Note Book. By J. C. Hinsey, M.D., Pekin. Illinois.

John Ryan, aged 22 years, large and muscular, received an injury in the back from a brick bat during a riot between six or seven Irishmen, Sunday, August 14th, about 4 o'clock P. M.

On arriving at the place where the fight occurred, in company with a number of citizens, the countenance of the patient attracted my attention immediately, as betraying evidence of severe injury. I expressed my opinion to that effect to the men who seemed to have the patient in charge, (his comrades), and who were trying to make him sit up in a buggy for the purpose of driving home, and to escape the officers of the law. The patient being in a state of syncope, of course they could do nothing with him. I voluntarily directed him to be removed from the buggy, and laid in a horizontal position. Thinking that the syncope would soon pass off, and not having anything better, I prescribed a little tinct. camph. internally, and to his face; but the circulation and respiration not returning, I proceeded to examine his body for the marks of the violence. I found a small contusion with ecchymosis on the third, fourth and fifth false ribs on the left side, immediately in front of the angle. The countenance of the patient became cadaverous, respiration performed at long intervals, with no pulse in the radial artery and very feeble action of the heart. Face and hands covered with cold clammy sweat. Extremitics ice-cold with no sensation of touch.

Had patient removed to a bed, ordered brandy *internally*, *hot dry bricks around his feet and legs.* 10 o'clock P. M., reaction fully re-established, arterial action disturbed; pulse 120, rather feeble; complains of great pain in the the bowels, especially in left lumbar region; tenderness of pressure; respiration hurried and difficult; sense of suffocation, thirst great, with occasional vomiting; same anxious expression of countenance, as generally attends severe uterine hemorrhage. Not feeling satisfied that the state of the pulse and ether symptoms would warrant bleeding, I ordered the following cathartic:

℞ Sub. Mur. Hydr., grs. x,
Pulv. Jallappæ, " v, M.

15th.—8 o'clock A. M. Cathartic of last night not operated; great pain in the bowels, increased by pressure; pulse 140, *full* and *strong;* eyes a little suffused; respiration 56 per minute, laborious breathing, principally with the abdominal muscels; passed some urine during night, in small quantities and with great difficulty.

Took 32 oz. blood from the right arm, and ordered the following:

℞ Ol. Ricini ℥j.
Ol. Terebinth. ʒji. M.

One o'clock P. M. Oil operated twice, which gave some relief for a short time. Patient about the same as at morning visit; pulse 140, not very strong; respiration 50 per minute and laborious; pain continues in the bowels; great thirst with ejection of the water; tongue becoming a little red and dry; skin hot and dry. Gave ℞ Sub. Mur. Hydr., grs. iv.
Ipecac, " ji.
Nit. Potass., " v. M. every three hours.

Five o'clock, P. M. Dr. Hoffman called in to counsel—Diagnosed inflammation of the lungs, stomach and bowels. Patient nearly the same as at last visit. Pulse 140, full and quick; respiration 50 per minute; great anxiety of countenance.

Gave ℞ Ext. Aconitum, grs. x,
Aqua. ℥j. M. every two hours a teaspoon full.

Nine o,clock, P. M. Saw the patient with Dr. J. S. Maus. Is some worse; pulse 145 full and strong; respiration the same as last noticed; skin hot and dry; expression more anxious; pain in bowels still continues. Bled again 32 oz. from arm—bleeding gave great relief—continue cal. powders every 4 hours with small pieces of ice to swallow.

16th.—Nine o'clock, A. M. Patient sinking, with cadaverous countenance; pulse flickering irregular; constant vomiting light yellow bilious matter; skin yellow with injection of bile, also passing billious matters from the bowels every few minutes; some degree of suffocation; has not retained any of the medicine since last night; extremities cold. He expired at half past 9 o'clock.

Autopsy, seven hours after death:—Present, Drs. Hoffman, Wright and Maus.

General appearance.—Ecchymosis of whole posterior surface of the body; skin deeply tinged with yellow colored matter of the bile. The small contusion on ribs before mentioned; opened the thoracic cavity by carrying incision from the superior extremity of the sternum to the umbilicus, and dividing the ribs at their cartilaginous junction after dissecting back the pectoral muscles. Lungs appeared to be forced towards apex of the chest. Engorgement of the upper lobe of lung; the posterior surfaee of the upper lobe of left side shows evident marks of recent inflammation. Base of the lower lobe also in state of inflammation, being greatly engorged with blood.

Heart and Large Vessels.—The external appearance of the heart is natural, both in size and color. Both ventricles empty; the valves normal; vessels in natural condition.

Abdomen.—Small intestines much stained with blood of a greenish color; omentum much lacerated and also stained with blood; found about one gallon of blood in the cavity, principally on the left side and having evidently come from the splenic vessels. That organ is nearly three times as large as natural, and engorged with very dark green blood; the vessels of the spleen were in such a condition that we could not determine exactly the point of the hemorrhage. The liver was somewhat enlarged, apparently from previous disease. The stomach, like all the rest of the organs in the abdominal cavity, was stained with blood; mucus membrane of stomach healthy; about half a pint of vitiated bile in that cavity.

The immediate cause of dissolution having been discovered, and time not permitting, the examination was not carried any further.

I remark that the patient had been subject to repeated and obstinate intermittent attacks, and suggest that the abnormal size and softening of the substance of the spleen, would render it liable to such an accident as the above. When we reflect that death is often produced by such slight causes, we ought to be reminded not to treat with too much indifference those apparently trifling cases; for they may become the most serious. It is true, perhaps, that such cases will not happen except in subjects rendered peculiary liable to them by previous disease, but of such the practitioner cannot always judge before hand.

SELECTIONS.

From the London Lancet.

On the Connexion of Rheumatism with Scarlatina. By NATHANIEL J. HAYDON, ESQ., M.R.C.S.E., L.S.A.

I have been much struck with the abstract of a paper lately read by Dr. Willshire before the Medical Society of London, "On some Points in the Pathology of Rheumatism in Children." The part most interesting to myself is that on the connexion of rheumatism with scarlatina. I can hardly coincide with the views of Betz, and declare for the actual identity of scarlatina and rheumatism; but I admit there is a most remarkable analogy between the phenomena, especially the secondary phenomena of these affections. In the year 1850 and 1851 I attended several hundred cases of scarlatina. From May to September (1850), in the village of Hennock (containing with two small contiguous hamlets, about 350 souls,) I attended 135 cases of the disorder. I had the opportunity of seeing every case, save one, of watching every case, and noting their symptoms I had never heard of the views of Betz, or of the supposed identity of the two diseases. My own views on the matter were first directed to the close analogy of the two affections from the following circumstance:—Three children were ill in a family. On one of my visits the mother complained of great fatigue, as the whole care of attending these three children had fallen on her, from an elder daughter having been suddenly attacked with rheumatism. I saw the girl, and she had all the phenomena of acute rheumatism, together with fullness around the eyes, loss of color, and pain in the back; she had had no rash, sore-throat, or other usual sign of scarlatina; she had been well up to the night before; she now had albuminuria. I ordered for her a smart calomel-and-jalap purge, and an ounce and a half of lemon-juice three times a day. In three days she was convalescent, and in three more every trace of albuminuria had subsided. I imagine this case to have been one of scarlatina, without eruption, and the first manifest symptoms to have been that arising from disease of the kidney, producing albuminuria. This state of the kidney was very general during the epidemic. I had under my own care more than forty cases of severe albuminuria during the two years.

Another remarkable analogy between rheumatism and albuminuria will be found in the great tendency of the blood to lose its coloring matter. In a fine boy of ten years old, suffering severely from albuminuria, I took blood from the arm; it was remarkably poor in coloring matter, as also in crassamentum, while the fluid part had more the appearance of milk-whey than anything else. This boy recovered very fast after the bleeding, only requiring an occasional purgative. I had occasion to bleed three others, all strong boys from ten to twelve years old. The same deficiency of coloring matter and crassamentum was found in each, though not so much of the whey-like appearance in the serum. Those three also recovered. I had previously, in the three first cases of albuminuria that presented themselves, used warm baths, leeches to the loins, blisters, and saline purgatives, on the plan so strongly recommended by the late Dr. Miller; they died. Among the three children ill in the first house I have alluded to, two were afflicted with albuminuria. Seeing the good effect of the lemon-juice with the elder sister, I gave it to these children, and it succeeded admirably. I have since given it to more than thirty cases of scarlatina, abuminuria, and in only one has it failed, and this case failed more from general neglect than anything else.

At the village I reside in there were about 1100 persons. In 1851 we had scarlet fever there as an epidemic, when I had fifteen cases of acute inflammatory rheumatism under my care. I could only trace the diseases as an open sequela to scarlet fever in one, and this case was very remarkable. A married woman, thirty-two years old, had a slight attack of scarlatina. On the rash disappearing she was seized with acute arthritis—I think the most acute attack I ever saw; there was albuminuria. She recovered. I am too old to trust to specifics, but I have very rarely seen an acute arthritis, or an acute attack of scarlatinal albuminuria, that has not been very speedily relieved by lemon-juice and an active purgative; it was so with this woman.

If the views of Betz are correct, perhaps we may arrive at some solution of the mystery—what is the cause of death, in some cases of scarlatina, when the whole power of life seems to be at once subdued—in short, where the first symptom of disease is death? Now, in the only cases which present death, as it were for the first symptom, we have an entire protrastion of the power of the brain. I have seen this occur twice—*i. e.*, sudden coma, death. In one case, in 1851, during the summer, I was suddenly called to see a child ten years old; it had come in from play, complained of sickness, was much convulsed, shortly became paralytic on the left side, then comatose, and death supervened ten hours from the first attack, the usual rash being thickly spread over its skin before death. The child had never shown disease. I could not obtain a post-mortem examination; but we may expect meningitis to have ensued. Now, what was the cause of the latter? Was it meningeal rheumatism? It is said never to occur. I witnessed three cases of death at Hennock in the early stages of scarlatina, each within the fifth day of the eruption, from acute pleuro-pneumonia, with effusion; yet text-book writers say this state of things never happens, except as a symptom of scarlatina maligna. I have never seen meningitis as one of the sequelæ of the disease. There is one characteristic of scarlatina—viz., the extreme frequency of ulceration, particularly of the posterior nares, tonsils, and fauces which so rapidly supervenes on the first inflammatory symptoms which serve to mark it as different from rheumatism, for rheumatism however acute, is certainly not very prone to that state of things (at least in the country) which ends in ulceration; yet there is a strong analogy between the way the inflammatory action of the tonsils may be in many cases controlled, and the way in which we control rheumatism when it has fixed on some particular part—e. g., by the external application of stimulants. In the inflammatory sore-throat of scarlet fever, I have repeatedly applied a liniment (on hot flannel) of fourteen parts of turpentine, one and a half of spirit of camphor, and one and a-half of tincture of cantharides; it produces the most intense irritation. I have seldom seen it fail of giving immediate relief, and checking the ulcerative process,, and rendering more certain the effect of the local application of the nitrate of silver. We have all seen a mustard plaster or other stimulating application relieve a joint afflicted with rheumatic inflammation. We have seen also, celcbral rheumatism quickly relieved by mustard to to the feet and legs, especially if at the same time we have exhibited an opiate. I know we are told that an opiate would do alone, but I have found it fail more than once, though if not contra-indicated by other sympoms, I have always resorted to it in conjunction with counterstimulants. A friend of my own, a young medical man, while a pupil in London, had scarlatina very slightly, but it was followed by a most acute attack of rheumatie fever, with pericarditis, and there was at the same time great functional disturbance of the brain. He is now well, and in practice.

A young man whom I daily see had scarlet fever slightly, seventeen years since. It was followed by acute arthritis, from which he recovered, but with an anchylosed knee. So closely do I consider scarlatina and rheumatism to be related, that I make it a rule on the decline of the rash, to administer lemon juice; and since I have followed this plan I have not lost one single case from the sequelæ of that disease. To Dr. Owen Rees I feel greatly obliged for having so prominently directed the attention of the profession to the use of lemon juice in certain forms of rheumatism, and I feel very sanguine that it will not fail in many of the affections that are considered as secondary to scarlatina, but which, in fact, I believe will be found to depend on a diseased state of the blood, very analogous to the state of the blood in rheumatism. It appears to me to be a very uncertain point if the state of the kidneys is not reduced as a part and parcel of scarlatinal fever. I rather regard it as a secondary affection, induced by the diseased condition of the blood.

Bovey Tracey, near Newton Abbott, Feb., 1854,

From the Virginia Medical and Surgical Journal.

On the of Treatment of Phthisis by Iodine Inhalations. By M. PIORRY.

M. Piorry read an interesting paper on this subject to the French Academy of Medicine, (Jan. 24th, 1854.) from which we take the follwing extracts:

The majority of remedies hitherto employed in phthisis have been almost or entirely useless. Various medicinal agents. have been vaunted as effiaccious in this disease, and then, after a few trials, experience has condemned them, and they have been abandoned and forgotten. Will the preparations of Iodine share the same fate? There is reason to hope that this will not be the case, and it is the design of this memoir to set forth the facts which authorize this hope.

I was induced to employ iodine and the vapours of iodine in the curative treatment of pulmonary phthsis by the following circumstances. It was known that iodide of potassium possessed a real and even prompt efficacy in chronic ostitis and periostitis, in scrofulous glandular enlargemeats, and in many other affections more or less allied with tuberculosis; M. Deyne, an interne of my service, and I, concluded that this remedy would be useful in phthsis (pneumophymie.) The results of our experiments were very satisfactory. A striking amelioration took place in many of our patients, and this amelioration was real, for of the patients mentioned in my work on Practical Medicine, three or four are still living in the enjoyment of good health.

After the successful treatment of hydrocele and tuberculous disease of the testicle by iodine injections, it was natural to attempt to obtain similar results in pulmonary excavations. It would have been difficult, if not impossible, at all events it would have been extremely rash to have injected tincture of iodine into the air-passages. We therefore bethought ourselves of the vapour of iodine. In hospital practice it was necessary to select the simplest methods of inhaling iodine. One or two scruples of iodine was accordingly placed in a wide-mouthed jar of the capacity of a quart; the vapour of it was disengaged spontaneously with more or less rapidity according to the degree of heat and moisture of the atmosphere.

When we used the tincture of iodine, we poured from one to three ounces in the jar, and heated it until the vapours of alcohol and iodine were liberated.

The patients breathed the air contained in these recipients, and charged with alcoholic and iodine vapour. One inspiration at a time is sufficient, but it should be deep, as when a sigh is heaved. Such an inspiration produces little irritation of the air-passages; it should be repeated one or two hundred times every day, at intervals, for several successive inspirations produce pain in the larynx and bronchi, and cough.

Even during sleep the patient should inhale iodine. For this purpose several saucers, each containing one scruple of iodine, should be placed about the pillow. At the hospital, we attach numerous phials of iodine to the iron frame which supports the bed curtains. The air thus becomes saturated with iodine; the starched curtains are colored blue, and the iron of the bedsteads assumes different tints under the action of the iodine.

If a moist starched paper is interposed between the jar containing iodine and the patient's mouth as he takes an inspiration, it turns blue; if the same air, after traversing the lungs is breathed upon the paper, it causes no change. The inference from this fact which I have observed very frequently, is that the iodine which entered the lungs is absorbed there, during the brief sojourn of the air in the air vesicles.

The majority of the patients subjected to this treatment at *La Pitie*, *La Charite*, and in my private practice, took also from twenty to sixty grains of iodide of potassium daily. In all those cases in which the extent of the lesions rendered it probable that adhesions, or that remarkable supplementary circulation so well described by Natalis Guillot, existed between the pulmonary and costal surfaces, we had recourse to frictions with tincture of iodine diluted with 19 parts of water. The patients were placed, in some cases, under other modes of treatment: 1. Under the use of tartar emetic in small doses, the fifth of a grain, for example. This heroic remedy was employed chiefly in those cases in which mucous, puriform, or purulent liquids accumulated in the bronchi, and produced a tendency to asphyxia or hypoxæmia. 2. Under the use of astringents, when the state of the intestinal canal required it; albumen, opiates, phosphate of lime, subnitrate of bismuth, etc., were employed with this object, but their use was discontinued as soon the diarrhœa (enterozbæa) was suppressed. 3. Under the use of quinine; in large doses when the spleen was congested; in small doses when there was simply a nightly exacerbation of fever depending upon the entrance of pus or softened tuberculous matter into the circulation. 4. Upon a nutritious and reparative diet; a very important point, for surely, if I was called upon to choose between hygienic precautions and the whole category of remedies besides iodine, I should give the preference to a good regimen. 5. Belladonna, opium, and other narcotics were employed, though rarely, to moderate the cough.

The cases which I have treated have not required the use of setons, issues, permanent blisters, or moxas, and I have not been able to comprehend the utility of these artificial pyogenic lesions in a disease in which the formation of pus is a disastrous accident.

Almost all of the patients remained in Paris. They were not sent to Nice or Pisa or other parts of Italy, a country where phthisical patients, coming from the north, in spite of all that has been said, recover no faster and no better than elsewhere.

Thirty-one patients have been subjected to the treatment thus described during the past two years. They all presented, in different degrees, the symptoms commonly attributed to pulmonary phthisis; that is, cough with puriform expectoration, hectic fever, emaciation; the majority of them suffered from diarrhœa, connected probably with tuberculous ulcerations; in many the larynx appeared to be involved in phymic disease; the majority had spit blood, (pneumoerhæmia.)

All of these subjects presented marked dullness at the summit of the lungs, either under the clavicle or at the superior scapular region. In most cases there was a hardness at these points, perceptible to the finger. Ordinarily it was possible to define the diseased structure accurately, and to distinguish the parts in which there was great condensation from those which had undergone less alterations of structure. In some cases a *bruit hydraerique* could be heard.*

In every case the stethoscopic signs were as positive as those revealed by plessimetry. At the points at which dullness and resistance had been noted, the ear recognized rude or tubal respiration, and more or less resonance of voice. In many cases large cavities were indicated by loud gurgling, cavernous respiration, and pectoriloquy. Each patient expectorated round, opaque, phyoid sputa, the amount of which corresponded to the extent of the disease as determined by other methods of exploration.

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* The sound obtained by percussing over a cavity containing air and liquid Percussion over the cœcum during typhoid fever often gives excellent examples of it. —TRANS.

I desired to appreciate the effects of iodine with precision, and therefore I did not trust to the indications of plessimetry. I ordered charts, on which were described exact delineations of the diseased parts, and representations of the variations in sound upon percussion which occurred from day to day. In casting the eye over these figures, it will be seen that after four, six or twenty days, six weeks, or three or four months of the iodine treatment, there was in almost every case a diminution in the extent of the surface over which there was at first feebleness of respiration, dullness, resistance, etc ; that, at the same time, the stethoscopic signs indicated an amelioration in the condition of the condensed portions of lung. This result did not occur only in those patients who were slightly diseased, but in almost every case Numerous patients with cavities in the lungs were apparently cured. The ultimate results were as follows: Decided amelioration in the symptoms and anatomical characters in 20 patients. Disappearance of the anatomical characters and of most of the symptoms in 7 cases. Death, with or without amelioration, in 4 cases.

After some reflections upon the possible mechanism by which iodine operated in the cure of phthisis, M. Piorry concluded with the following propositions :

1. The inhalation of the vapour and tincture of iodine are useful in the cure of phthisis, [pneumophymie.]
2. In many cases such inhalation is followed by a diminution in the extent of the indurated parts surrounding tuberculous deposits, and an amelioration in the general symptoms ;
3. It is probable that tubercle itself disappears under the influence of iodine inhalations ;
4. That inhalations of the tincture of iodine may promote the cure of tuberculous cavities ;
5. That after the softening of tubercles, the resulting cavities may cicatrize spontaneously ;
6. That compression of the thorax over the points of disease indicated by percussion and auscultation, may contribute to the cure of the local lesion, and to the prevention of pyæmia ;
7. That iodide of potassium administered internally, and frictions with diluted tincture of iodine over adherent portions of the lung, are also of great utility.

If, added M. Piorry, any useful therapeutical facts have been brought out in the preceding essay, I would observe that science and humanity are indebted for them to the progress of accurate diagnosis.

After this memoir was read, Dr. Londe observed that vapours of iodine was not the only remedy which could be inhaled with advantage in phthisis; he had employed arseniate of soda inhalations with great success. M. Caventu remarked that this salt was not volatilizable, and that if it had been used in fumigations, that arsenius acid vapours alone had been inhaled. M. Chatin observed that some physicians considered goitre and phthisis antagonistic, and that iodine was the real remedy for goitre. M. Bricheteau complained that M. Piorry had not alluded to his successful treatment of phthisis by tartar emetic.

M. Moreau regretted that Professor Piorry deemed it necessary to veil his ideas in language differing from ordinary scientific nomenclature; the terms *phymie, pneumophymie and phymopneumonie*, which M. Piorry employed instead of the terms *tubercle, phthisis, tuberculous pneumonia*, etc., produced a deplorable confusion in the mind of the hearer. There was no reason, Prof. Moreau said, to encumber language with neologisms when there were already names for everything.

M. Piorry replied, with huge dignity, that an author who had published a work in eight volumes which had become a classic, had a right to use the nomenclature employed in that work. M. Moreau was not ignorant that Hippocrates employed the word *phymie;* it would be very unfortunate if in such an assembly, one could not be understood when employing words derived from the Greek.

From the American Medical Monthly.

Treatment of Psychical Disturbances in their first stage. By Dr. Erlenmeyer.

Upon the treatment of psychical disturbances at their commencement, often depends the whole course of the disease, and especially the final issue in recovery or hopeless idiocy. A very common method consists in making large abstractions of blood, which seem required by the frequent exalted temperature of the head, the accelerated circulation in the cranial arteries, and the over-distension of the veins: in a word, the cerebral congestion, as it is usually expressed. Although the experience of all countries declares this treatment inappropriate, in most cases even positively injurious—although the testimony of all our hospitals for the insane is opposed to it; yet numerous cases still occur in which patients are brought, with rapid strides, to incurable idiocy, by means of copious blood-lettings.

The time is not long gone by, when, in our best insane hospitals, the use of narcotics, in the treatment of psychical diseases, was wholly interdicted. This view was first changed by the recommendation of opium by Dr. Herman Engelken; and this remedy now began occasionally to be tried, and indeed, in somewhat larger doses than usual. The excellent result which followed this practice, in certain cases, continually encouraged to further trials; so that now it is considered indispensable by our best physicians.

The form of psychical disturbance in which opium succeeds best, is melancholy, in its various shades. It animates the patient, exalts innervation, and gives to the despairing sufferer new courage. I have tested this remedy in private practice. With few exceptions, mental disturbances, in their first stage, accost us as a melancholic temper, so that these cases also appear appropriate for the administration of opium. Upon different occasions, when I have been called to the treatment of commencing mental disturbance, I have therefore, decided upon the exhibition of opium, and have seen really surprising results from it, since many patients have not only been temporarily improved thereby, but for the most part have been completely cured.

Opium administered in large doses, operates, in many respects, entirely different from small doses. It produces no congestion of the brain; it does not induce constipation—on the contrary, I have, in several cases, observed severe diarrhœa following the use of this remedy, which required its discontinuance. I have, in all cases in which constipation followed the exhibition of small doses at the commencement, seen this disappear upon its continued and increased administration. The nutrition of the patient is very quickly increased, and I have repeatedly seen the weight of the body gain from two to three pounds a week. The courage of the patient, which in melancholy, is so depressed, becomes exalted; the constant complaints and lamantations are silenced; in short, the patient in a brief time, is both corporeally and mentally changed.

In the hospitals, the exhibition of opium has been carried to six grains at a dose; and several physicians, especially those who first commended the practice, have carried it still farther, without observing any injurious effects. At the commencement of psychical disturbances, such doses, though they may be well borne, are not at once necessary; and the exhibition of from two to four grains twice a day will suffice completely to allay incipient melancholy.

The best form of opium is the powder, as such, or made into pills; whilst the tinctures and alkaloids have not been so efficient in my hands.

Whilst I now proceed to the indications and contra-indications, I should observe, in the first place, that the data brought forward are imperfect; and that I here mostly appeal to symptoms, will be excused by the reader, who knows full well that the diagnosis of the condition lying at the basis of mental maladies is infinitely difficult.

The highest indication for the exhibition of opium is the hyperæsthesia, which presents itself at the commencement of psychical disturbances in so manifold a manner. It matters not whether this hyperæsthesia be of peripheric or central origin; nor is it of any consequence in which division of nerves it occurs. The excellent effect of opium in pure neuralgias, should have long since led to its administration in hyperæsthesia of other nerves; and would certainly have done so, had not various fears, which were based more upon theory than practice, deterred therefrom. That opium is not so dangerous a remedy as it is generally represented in the manuals of Materia Medica, I have thoroughly convinced myself; and many of our German Physicians, at the head of insane hospitals, will agree with me, whose authority must be acknowledged by every one.

Almost two-thirds of all psychical maladies commence as hyperæsthesiæ. One of the most common is the hyperæsthesia of the *Nervus Vagus*, with greater or less participation of the sympathetic, in the well known form of præcordial distress, which Fleming has so well described, and which, together with headache, he enumerates as the most constant symptoms of psychical disturbances. I have observed the præcordial distress in very different constitutions, as well of central as of peripheric origin, and always perceived good effects from opium.

The result is surprising when this præcordial distress is connected with psychical hyperæthesia, a condition which is usually designated as *hypochondriacal melancholy*. These patients are fearful tormenting spirits to the physician, because they cannot be dissuaded from their hypochondriacal ideas by any process of reasoning.

A more numerous class of hyperæsthesiæ, which occur mostly at the commencement of psychical diseases, are the sensual It is wonderful to what perversities patients are often led by this kind of alienation of the nerves of sense. A great part of the aversion to food occurring at the beginning of mental maladies, depends npon the hyperæthesia of the glossopharyngeal or olfactory nerve. In food prepared in the ordinary manner, the patients smell and taste all possible singularities; when there is also simultaneously hyperæsthesia of other nerves, often of the vagus, they are sorrowful, anxious, distrustful, smell poison in their food, which increases and justifies their anxiety, and they begin to resist nourishment. Another complaint which we frequently meet with in patients of this kind, is that those about them know their thoughts. I have found this in many cases, where there was as yet no particular mental derangement; it is evidently a minor degree of hallucination of hearing. induced by hyperæsthesia of the acoustic nerve. Such a condition very commonly precedes the outbreak of peculiar hallucinations, as I have repeatedly observed in a patient who suffers periodically from hallucinations, of hearing. A short time before the particular hallucinations, he has the sensation as if his thoughts were expressed by those about him, only that he does not clearly hear the particular words, as is the case upon the full development of the hallucination.

Most of the conditions which occur at beginning of mental diseases, may be referred to these hyperæsthesiæ, which are usually designated by all sorts of other names—*nervous irritability*, *exalted nervosity*, *nervous derangement*, *&c.*

When these hyperæsthesiæ exist in the manner just described, independent of any organic disease of the brain, manifested by anæsthesia. paralysis., &c., without the existence of any more serious affections of other important organs, of the heart, the lungs, the digestive apparatus, &c., which must be looked upon as the cause of the incipient mental disturbance, opium will do excellent service, and if it does not completely and permanently cure, it still effects an important alleviation; but in the last mentioned cases it does no good, and often may do harm.

There is also another contra-indication, which is not, however, very frequently in the way; it is vomiting occurring after the administration of small doses. We need not be much disturbed, nevertheless,. on this account, since no greater disadvantage is to be feared than that opium will do no good. I must especially insist, that a coated tongue and other gastric symptoms should not deter us from the use of opium, since this is observed in almost all cases of psychical disease, immediately at the opening of the scene, and very commonly occuring as the first expression of alienated nervous function. Opium allays these so-called gastric symptoms generally very quickly, enlivens the appetite, and stimulates nutrition better than all stomachics. There are individuals in whom there exists an idiosyncrasy against the smallest doses of this remedy, who become thereby more excited, in whom a new train of spmptoms is induced, as palpitation of the heart, ringing in the ears, greater disquiet, complete sleeplessness; in these persons we should desist at once from the farther use of opium.

Opium does excellent service, not only in melancholy, but in all other forms of psychical alteration which depend upon hyperæsthesia, if it is employed in the first stage of the difficulty, whilst in all psychoses of a torpid character, it produces little or no benefit.

Chloroform in Obstetrics.

We were surprised to see that in 180 cases of midwifery, in which chloroform was used, Dr. Barwell did not meet with a single case in which its use promoted the dilation of the os uteri and perinæum. and increased the secretion of the vagina. The experience of M. Caseaux confirms this observation, and reports a case in which very extensive laceration of the perinæum occurred while the patient was under the influence of chloform. But most who have had any considerable experience in its use have come tc a different opinion. In our own practice we have several times seen the soft parts very rapidly relax after the inhalation of chloroform where the rigidity of these parts had previously constituted the great obstacle to the immediate termination of the labor. In more than one case we have seen it completed without assistance where the chloroform was used as a preparation for forceps delivery.—*American Medical Monthly.*

From the London Lancet.

Treatment of Diarrhœa by Sulphuric Acid.

To the Editor of the Lancet.

Sir,—Having seen in the Lancet sulphuric acid so strongly and frequently recommended as a remedy for diarrhœa, I determined (as I had considerable opportunities of testing its efficacy) to give it a fair trial. I have now before me notes of fifty-two cases treated successfully with it. I administer the sulphuric acid in the following form :

Dilute sulphuric acid, two drachms ; simple syrup, two drachms; tincture of opium, forty minims ; water, six ounces. The patient to take a sixth part of the above mixture after each loose motion ; in many cases two doses of the mixture are sufficient to check the diarrhœa. If the patient complains of cramp and pain in the abdomen, I order hot turpentine fomentations, and half or a third of a grain of morphia. If the vomiting is troublesome, a liberal supply of ice is allowed, which in this town is easily procured.

Sulphuric acid, as a remedy in diarrhœa. has many and great dvantages over the chalk mixture. The latter is exceedingly iauseous, but the sulphuric acid is so pleasant that it is readily aken by children. It is decidedly more efficacious ; it allays the thirst which accompanies diarrhœa; it is not precipitated: it is not afterwards followed by the troublesome constipation which attends the use of chalk mixture, and it is a very cheap remedy. Of course I do not administer the sulphuric acid in those cases of diarrhœa arising from the presence of irritating or non-digested food in the stomach or alimentary canal.

Cholera (in all probability) will soon be here, and others, like myself may perhaps be induced to try this truly valuable remedy in combating its premonitory diarrhœa.

I remain, Sir, your obedient servant,
F. M. Davidson.

Barking, Essex, March, 1854.

Common Salt in Intermittent Fever.

The use of common salt in ague has now for some time been advocated in Paris, especially by M. Piorry. It now appears, from a long report addressed to the Board of Trade of the French capital, by M. Willemin, late Sanitary Physician in the east, that the chloride of sodium is decidedly efficacious. The report concludes thus:

"1, Common salt has well marked febrifuge properties.

"2. In Damascus this salt stopped the fever six times out of seven cases; and even very small doses, as from two to four half-ounce doses in six ounces of water, were in most cases sufficient.

"3. This therapeutical agent is especially valuable in anæmic individuals, upon whom the marshy influence acts most severely; and the great cheapness of the salt should induce the profession to give their serious attention to its virtue in intermittent fever."

* * *

From the Virginia Medical and Surgical Journal.

On Insufficient Alimentation, and the Value of Phosphate of Lime in Nutrition.

In the *Bulletin de l' Acadamie Imperiale de Medicine*, for January, 1854, we find a report by M. Bouchardat, on the researches of a young and learned chemist, M. Mouries, in regard to the effects of phosphate of lime in the nutrition of animals, and the influence which the judicious employment of this salt is capable of exercising upon the mortality of children in large cities.

It has been a comparatively short period since physiologists began to appreciate properly the importance of inorganic principles in the phenomena of life. The farther we penetrate into this complex problem, the greater is the importance attributed to bodies, the presence of which in the human organism was regarded as quite accidental.

Very dissimilar organic compounds may be substituted for each other in our diet without any disorder in the general harmony, but the inorganic principles can only be replaced by substances very closely analagous to them. Albumen, fibrin, and casein, and other more complex aliments, though differing in origin and composition, may fulfil the same physiological end, but it is different with inorganic principles. Lecanu has shown that iron is indispensable for the proper constitution of blood-globules; chloride of sodium is of primary importance also as a constituent of the liquor sanguinis, and it is only as an exception that we find, in certain gramnivora, this salt partially replaced by the phosphate of soda or of potash. Liebig has shown that the chloride of potassium of the muscles cannot be replaced by chloride of sodium. Each inorganic constituent of the organism has, therefore, its definite and limited sphere of action, to which it is exclusively adapted.

Among the indispensable inorganic salts, the phosphate of lime holds an important rank. M. Mouries has devoted himself to the elucidation of its peculiar action. He deduces from his experiments the following conclusions:

1. Phosphate of lime plays a more important part in nutrition than has heretofore been believed. Independently of its necessity as a constituent of bone, this salt maintains that irritability without which there is no assimilation, and consequently no nutrition. Its insufficiency, therefore, produces death with all the symptoms of inanition, while its insufficiency in a less degree, produces a series of lymphatic diseases.

2. The food consumed in cities is deficient in this respect. Nurses' milk has, consequently, the same defect. The infant as well as the fœtus suffers from the deprivation of this element so indispensable to its development and life. Hence one of the causes of the increase in the number of still-born children, and of the mortality of infancy.

3. The addition of this salt, in combination with animal matter, to alimentary substances, obviates one cause of disease and death.

The following are the principal facts on which M. Mouries relies to establish these conclusions:

The blood of animals contains a constant proportion of earthy phosphates, which is independent of their ingesta. The pigeon ingests phosphate of lime slightly in excess, in the grain and calcarious gravels which it picks up; the horse swallows an excess, in its fodder; the dog procures a still greater excess from the bones on which he is fed; and y t the blood of the pigeon contains in

1000 grammes 1.20 of phosphate of lime; the horse 0.5; the dog 0.4. This result is not accidental; all birds whose blood has been analyzed have 1.5 to 1.2 of phosphate of lime, while the proportion in the blood of the carnivora and herbivora varies from 0.9 to 0 4. The proportion thus regulated by nature, is modified by age and sex. The bull, cow, and calf have the same food, yet their blood contains respectively 0.5 0.9, 0.8 of phosphate of lime.

The requisite proportion of alkaline phosphates varies, therefore, in different animals. A pigeon weighing one pound died at the end of ten months during which period he was fed daily on one ounce of wheat, with common water for a drink, by which rather more than a grain of phosphate of lime was ingested daily: on the other hand, a woman weighing 100 pounds enjoyed perfect health upon a diet which furnished her daily with 90 grains of phosphate of lime. Thus health in the one case, and death, in the other, with relatively equal quantities of this salt.

We shall recur to this example to show how complex are the conditions of these experiments, and what reserve is necessary in drawing conclusions from them.

M. Mouries asserts, and the fact has already been noted by Chossat, that if the proportion of alkaline phosphates of the food is deficient, there ensues atony of the digestive organs, imperfect assimilation, and death. To prove that pigeons die from want of phosphate of lime, we may observe that their death is hastened if they are allowed only distilled water, while their lives may be preserved by adding earthy phosphates to their food.

M Bouchardt observed that the grain on which MM. Mouries and Chossat fed their pigeons contained only traces of common salt The birds therefore should be expected to suffer from the deprivation of this principle. M. Bouchardt accordingly made this experiment; he confined two pigeons, and fed them on dried grain. In two months the health of the female became impaired; she suffered from thirst and diarrhœa and laid no more eggs. She was set at liberty. She flew immediately to a window-sill impregnated with alkaline chlorides, and began to peck eagerly; there was a larger quantity of salts on the interior of the window-frame; the pigeon entered through the open window, and permitted herself to be re-captured, so imperious was her demand for these principles. Her health was re-established; in three days she laid another egg. It is wrong, therefore, to conclude with M. Mouries that a deficiency of phosphates is the only cause of the symptoms he observed; in this case, the absence of chlorides was the obvious cause.

M. Mouries has established, by interesting calculations, that grain furnishes a sufficient supply of phosphate of lime for the reparation of bone, but not for other essential functions of the economy. From the curious fact that there is a constant proportion between the temperature of animals, and the amount of phosphate of lime contained in their blood, he deduces the principle that this salt keeps up animal irritability, without which nutrition is impossible. The following table must interest physiologists:

		PHOSPHATE OF LIME.		TEMPERATURE.
		Mouries	Poggiale.	
Blood of the duck,	-	1.50		42°5 cent.
——— the hen,	-	1 35	1.25	41°5 "
——— the pigeon,	-	1 20	1.23	40° "
——— man,	-	0.80	0.6	37°5 "
——— horse,	-	0.40	0.5	36°8 "
——— frogs,	-	a trace.		9° "

If these results are confirmed, it will appear that the ingestion of phosphate of lime is not only indispensable for the reparation of bone, but that it is connected with the function of calorification.

In the second portion of his memoir, M. Mouriés, starting from the principle demonstrated by Chossat, verified by Boussingault, taught by Berard, and now admitted by all physiologists, that diet is defective which does not contain enough phosphate of lime to repair the waste which is continually going on in the economy, attempts to prove that the food commonly consumed in cities does not contain the quantity of this salt which is required by nurses and pregnant women.

He commences by calculating the quantity of phosphate of lime which ought to be ingested in the twenty-four hours, which he estimates from analyses of the excreta at 110 grains. He then attempts to show that this quantity is not contained in the food of nurses in cities. The urine of women in the country contains 90 grains of phosphate of lime in the twenty-four hours, while the amount of this salt in the urine of women in cities varies from 20 to 90 grains. M. Mouries has sought to confirm his hypothesis by direct proofs; he has examined the food consumed in cities and shown that it exhibits a deficiency of one half in alkaline phosphates. He has examined the milk of nurses, and shown that in 18 healthy country women the proportion of earthy phosphates in the milk varied from 1.2 to 2 4 *per cent.*, while in the milk of ten Paris nurses the proportion varied from 0 5 to 0 9, and in seven others there was only a trace of phosphate of lime.

In the third portion of his essay M. Mouries adduces clinical facts in illustration of the advantage of supplying this deficiency of phosphate of lime in aliments. In 13 cases, in which the proportion of phosphate of lime averaged 0.7, 75 grains of this salt with twice that quantity of albumen was daily administered in soup; in a week the proportion of earthy phosphate in the milk rose to 2 1. In five cases pregnant women were subjected to the same treatment; the milk, after delivery, contained 1.9 to 2 1 of phosphate of lime. Only three of the eighteen children died.

These results, though insufficient to determine such a serious question, are yet very worthy of attention. In the debate to which they gave rise, M. Gibert vehemently condemned the present tendency of chemists to interfere in medical inquiry. The question of lactation was a medical one, he said, and was only to be solved by clinical observation. M. Bouchardt, on the other hand, feared only ignorance, and was not alarmed at the application of chemistry to medicines, especially when its results were as inoffensive as those he had discussed.

From the Charleston (S. C.) Medical Journal and Review.

Observations on the use of the Tinct. Ferri. Mur. in Scarlatina. By H. L. Byrd, M. D., Proffessor of Mat. Med. and Therapeutics, Savannah Medical College.

During the present year, both erysipelas and scarlatina have prevailed to some extent in this city, and the latter disease has been attended with considerable mortality among young children. After having used the tincture chloride of iron, in erysipelas, with considerable success, as recommended by Dr. Bell, (page 126 of your Journal for last year,) and remembering the general sequela of scarlatina—often after the most favorable convalescence—I determined to give it a trial in the latter disease My first impressions, as to its usefulness, were strengthened by the recolection, that chlorine had been recommended in scarlatina, and a knowledge of the value of mur. tinct. ferri, in the anasarcous swelling, which so often result after an attack of that disease. My most sanguine hopes have been more than realized, experimentally in more than twenty cases. So much am I convinced of its value, that I would not willingly exchange it for all the other remedies which I have heretofore used, or seen recommended, in scarlet fever. I am not aware of the article having been noticed before. Should such have been the case, however, I feel it due to the profession, and to suffering humanity, that the fact should be as widely disseminated as practicable. I will leave others to determine its *modus operandi* and proceed at once, to the narration of some of the most prominent cases, and the peculiar circumstances connected with them. The first case in which I used the mur. tinct. iron, occurred on the 10th July, 1853 The patient, a bright mulatto boy, aet. eight years, exhibited the eruption very distinctly, over the entire surface of the body and extremities; the throat was very much injected, and the ulceration of the tonsils had already taken place. I ordered the bowels opened with salts, senna and manna, and the tincture of iron given afterwards, in eight drop doses diluted with gum water, every four hours. Gargle—1 drachm of the tincture to 4 ʒ of water, every three or four hours. This case went on well, and in two or three days the patient was up about the chamber. The second case was the son of H. C., Esq , aged two years. The child was rather delicate, with fair hair and full blue eyes. On my first visit, (20th July,) I found the skin covered with the eruption peculiar to scarlatina. The whole surface seemed to be involved in the eruption; the tonsils were red and injected: the parotids enlarged and painful to the touch, the left particularly so; the pulse 150, compressible; tongue furred, except at the edges, which were red; considerable thirst; no action of the bowels since the previous day. I directed a dose composed of ol ricin. ʒ iii. sup. carb. soda, grs. ii. tinct. opii camph. gutt. iv. camphor liniment to be rubbed over the enlarged glands of the neck, and a flannel saturated with the same, applied afterwards; throat penciled three times a day, with a solution of six grs. of argent nitrat. to one ounce rose water. After the action of the oil mixture, the following was directed to be given in teaspoonful doses, every two hours, until visited again, viz: ℞. Salt tart. ℈ i, mucil. G. acac, ℥ iv tart ant. et Pot. gr. ⅛, tinct. op. camph. ℈ i, M; iced gum water allowed as a common drink. On my visit in the afternoon, I learned that the bowels had been acted upon once or twice, and the pulse was reduced by the last mixture, to 140, and the skin was soft, though not actually moist.

The child being delicate, and of somewhat strumous habit; and having been pleased with the success of the iron in the preceding case, and believing the indications even stronger in this one, I resolved to venture on its use at once. I directed mur. tinct. ferri, 50 drops, mucil g. arabic, ℥ ii, M. a teaspoonful to be given every four hours. Suspend previous mixture and continue iced gum water.

On my visit the following morning, I found the skin less red; pulse 130; no action of the bowels since yesterday; urine somewhat increased in quantity; tongue clean and red; throat the same; glands the same; continue treatment to throat and neck; also, the iron as before. Evening visit—found the patient in much the same condition as at last visit: pulse 128. The next morning the skin less red; appetite increased; tongue clean and red; some thirst, which, however, is rapidly allayed by the iced gum water; neck and throat the same. Ordered the castor oil mixture mentioned above; directed the iron treatment to be resumed after its action. Did not call again until the following morning, at which visit I found that the bowels had acted well the previous day; condition generally improved: pulse 118. The iron was continued, and the lunar caustic twice per day to the throat. The next morning the skin was much paler, the throat much improved, the pulse 110. The bowels being bound, a dose of castor oil was prescribed, and, after its action, the iron was resumed. The following morning, I found all the symptoms so much improved, that I did not deem it necessary to continue my visits.

The epidermis had commenced to desquamate, and the throat appeared well, beyond a slight redness, which remained for a few days, as I subsequently learned. The patient continued improving for near two weeks, when he was taken with slight fever, after one or two rides during the afternoon. During this attack, the glands of the neck, which had not entirely subsided from the first illness, became swollen and very painful. and despite of every effort, supperation took place on the left side. I opened the abscess, kept it poulticed with flaxseed, and put my patient on the syrup of the iodide of iron in six drop doses, four times per day, with one-half a grain sulphate quinine, three times per day. and in a few days he was well. I have been thus minute in the details of this case as it was the only one out of twenty in which suppuration occurred; and, further to convey a correct general idea of the course usually pursued. In no case did anasarca supervene, and the cases were usually cured in from seven to ten days. It is proper that I should remark, that occasionally other remedies, as blue pill, rhubarb, etc., were found to be necessary; and in all cases, with one or two exceptions, I made an effort to lessen the frequency of the pulse, and to determine to the surface before commencing with iron. Minute doses of tart. ant. or ipecac, in combination with other diaphoretics, were used for this purpose; and in all cases in which the tongue grew dry under the use of the iron, it was suspended until that difficulty was removed. I found but few cases, however, in which the dryness of the tongue was traceable to the iron. I used demulcents and cool drinks, as asked for, throughout the disease. In one case treated recently, the infant child of the Hon. E. J. H., I used no other remedy than the mur. tinct. of iron. It was given in doses of from one-half to three fourths of a drop suspended in gum arabic water three times per day. Notwithstanding the throat was considerably inflamed, and the glands enlarged, this patient convalesced rapidly, and was well in four or five days. The child was an infant at the breast, six or seven weeks old. Two other cases had previously occurred in the same family, in one of which I scarified the tonsils, and blistered the throat; finding both these expedients necessary to relieve the unusual inflammation and tumefaction of the tonsils which existed. It yielded readily to the iron, after the reduction of the high arterial excitement that ushered in the attack. In this case, complete desquamation of the epidermis occurred. The last case worthy of notice, is that of Ella, aged eight years, the eldest child of Dr. R. A., now under treatment (Dec. 2d). I saw her first, five days ago. The eruption was very distinct, and the throat considerably ulcerated; the tongue was coated with a brown fur, except the edges, which were red; the bowels constipated; pulse 145. I prescribed three grains each of mass hydrarg., pulv. rhei., and creta preparat. to be followed by castor oil in four hours. After the action of the oil on the bowels, the pulse remaining the same, and the skin dry, I used a mixture composed of sal. tartar, ʒ ss, mucil. g. acac. ℥ vi., tart. ant. et pot. gr. ⅛ and paregoric ʒ ss. in teaspoonful doses, every two hours, for ten or twelve hours; after which, the mur. tinct. iron was begun with and continued in doses of ten drops, three times per day, until this morning, when it was deemed no longer necessary. This case is alluded to, simply on account of the obstinate character of the ulceration and inflammation of the throat. I have used the mixture of silver in different proportions to the ounce of water without much benefit until yesterday, when a solution of twenty grains to the ounce was used. Gargles of tannin and pyroligneous acid, were also resorted to as auxiliaries during the intervals that the caustic was suspended.—A circumstance worthy of note was, that little or no swelling or enlargement of the glands of the neck occurred during the entire case. After the solution was used. as just stated, two or three times, without any perceptible improvement in the ulceration, I applied the solid nitrate of silver with complete success.

EDITORIAL.

The American Medical Association.

The seventh anniversary meeting of the American Medical Association was held in St Louis, commencing on Tuesday, May 2d, and ending on Friday morning May 5th, 1854. The place of meeting being in the extreme West, it was not expected that the number in attendance would be equal to that of the previous meeting in New York City.

But we were happy to find a very large meeting, there being about 300 Delegates present, representing nearly all the States in the Union.

The Delegates assembled in Verandah Hall, a spacious and elegant room, at 11 A. M., and were called to order by Dr. Usher Parsons of R. I., first Vice President: the President, Dr. Johnathan Knight of New Haven being absent. Dr. Washington of St. Louis, in behalf of the Committee of Arrangements extended to the delegates and members a cordial welcome to the city and its hospitalities. The Secretary, Dr. Lemoine, read the list of Delegates so far as they had registered their names and received cards of membership. A recess of ten minutes was then taken to enable the delegates from each State to select one of their own number to represent them in the nominating committee, whose duty it is to recommend suitable candidates for officers of the Association. The time for recess having expired, the names reported as members of the nominating committee, were approved by a vote of the Association.

On motion of Dr. Atlee of Pennsylvania, the hours set apart for the sessions of the Association were from 9 A. M., to 1 P. M.; and from 3 P. M. to 6 P. M. of each day. The meeting then adjourned until 3 P. M.

On re-assembling in the afternoon the first Vice President, Dr.

Parsons, in the absence of the President, read a brief and very appropriate address. He called the attention of the members to those great and noble objects for the accomplishment of which the Association was organized, and at the conclusion alluded in feeling terms to the sudden death of several highly esteemed members of the Association, while on their return home from the last annual meeting held in New York. The address was listened to with marked attention and profit, and a copy of the same requested for publication in the transactions of the Association.

The committee for the nomination of officers appeared, and through their chairman, Dr. White of Buffalo, N. Y., made the following report v.z:

For President.—Charles A. Pope, M. D. of Missouri.

For Vice Presidents.—E. D. Fenner, M. D. of Louisiana, N. S. Davis, M. D. of Illinois, W. T. Wragg, M. D. of South Carolina. John Green, M D. of Massachusetts.

For Secretaries.—E. S. Lemoine, M. D of Missouri, Frank West, M. D. of Pennsylvania.

For Treasurer.—D. F. Condie, M. D. of Pennsylvania.

The report was accepted and the nominees unanimously elected as officers of the Association for the ensuing year. A committee consisting of Drs. Storer of Boston, White of Buffalo, Brainard of Chicago, and Eve of Tennessee was appointed to conduct the newly appointed officers to their appropriate places. Dr. Pope being temporarily absent, Dr. Fenner was conducted to the chair and expressed his thanks for the honor conferred. Before the time for adjournment Dr. Pope came in and on being conducted to the chair, made the following remarks, viz:

"Gentlemen: There are occasions when the mouth is dumb because the heart is full. Such I feel to be my present position when I behold around me so many members of a noble profession. I am grateful for the honor you have conferred upon me, and however unworthy in other respects, I will yield to none in a just appreciation of the lofty and noble profession of which we are members. In this view, gentlemen, I feel that the honor was not so much intended for myself, as for the profession generally in the

West. For myself I return you the thanks of a grateful heart. I will endeavor to act to the best of my abilities, and again I thank you."

A Communication was received through the Secretary, from Dr. Joseph M. Smith of New York, chairman of a special committee appointed to devise some method of suitably commemorating the names of those members of the Convention who were accidentally killed at Norwalk, while returning home from the meeting of the association in New York. The committee stated that Biographical sketches of of the deceased had been partially prepared and asked for time to complete the same and have them published in the transactions of the Association. The request was granted. Dr. John Atlee of Pennsylvania, who had been appointed at a previous meeting of the Association, to solicit means and procure a suitable block of Marble to represent the Medical Profession in the Monument being erected in the Capital of the Union, to the memory of Washington, reported that he had selected a suitable block of Vermont Marble and had employed M. Samuel Beck, an American Artist of much talent to place on it, as a most appropriate design, Vierdot's celebrated representation of Hippocrates refusing the presents of Artaxerxes, who invited him to go to Persia and succor the enemies of Greece.

The design was suggested by the late Dr. Pierson of Salem, Mass. Dr. Atlee presented to the Association a beautiful daguerreotype representation of the block of marble with the design on it. He also stated that about $400 more would be required to complete the work. A part of this was promptly contributed on the spot; and we hope every member of the profession who wishes to see so good an object completed in the best possible style, will immediately send *one* or two dollars to Dr. John Atlee of Lancaster, Pa. The remainder of the afternoon session was occupied in listening to a communication from Dr. Ninian Pinkney of the U. S. Navy, and the reception of invitations to visit the residences of Ex-Mayor Kennett, and Drs. Moore, McPheters and Reyburn in the evening.

Most of the second day was occupied in the presentation of reports from standing and special committees.

The committee on publication recommended the sum of three dollars as the annual assessment, the payment of which should entitle the giver to a copy of the printed transactions of the Association. The committee also recommended an adherence to the rule that the names of all those who neglect to pay the annual assessment for one year, shall be omitted from the list of members. Both these recommendations were adopted, and the report referred to the committee of publication to be printed in the transactions. The Treasurer's report was received and properly referred It stated the balance in the Treasury, in favor of the society to be about $200.

The Standing Committee on Medical Literature made no report. That on Medical Education furnished a report which was received, and referred to the Committee on Publication without being read; the Chairman of the Committee being absent.

Of near thirty special committees appointed at the previous annual meeting only the following presented reports, all of which were referred to the committee on publication, viz:

On the Epidemics of South Carolina, Florida, Georgia, and Alabama, by Dr. D. J. Cain of Charleston, S. C.

On the Epidemics of Tennessee and Kentucky, (only a partial report) by Dr. M. L. Sutton of Georgetown, Ky.

On the Epidemics of Ohio, Indiana, and Michigan, by Dr. George Mendenhall of Cincinnati, Ohio.

On the epidemics of Louisiana, Mississippi. Texas, and Arkansas, by Dr. E. D. Fenner of New Orleans, La.

On Epidemic Erysipelas, by Dr. R. S. Holmes, of St. Louis, Missouri.

On the influence of Local causes on the origin and prevalence of Typhoid Fever, by Dr. N. S. Davis, of Chicago, Ill.

On the present and prospective value of the Microscope in Disease, by Dr. Donaldson, of Baltimore, Md.

The Committee on Prize Essays, through the Chairman, Dr. Pope of St. Louis, reported that nine Essays had been submitted to the examination of the Committee; that they had awarded but one premium, which was to the Essay entitled "An Essay on a new method of treating ununited Fractures and certain deformities of the osseous system."

The sealed envelope accompanying the Essay was then broken and the name of the author found to be Daniel Brainard, M. D., of Chicago, Illinois.

In compliance with a request of the Association Dr. Brainard took the stand, and in a happy manner briefly explained the chief practical points embraced in the Essay.

It should be stated that none of the foregoing reports were read in full before the meeting, and some of them were acknowledged by their authors, to be in an unfinished state; but their completion was promised in time for the forth-coming volume of Transactions.

We very much doubt the propriety of such action on the part of the Association. It not only endangers the reception and reference of papers wholly unworthy, but it strongly encourages carelessness and delay on the part of committees, in preparing their reports. The reception and reference of half finished papers, is also calculated to delay and embarrass the action of the publication committee.

One of the greatest objections which has existed in the minds of many, against preparing elaborate and original papers for the Association, is the delay of six or eight months in publishing the Transactions. Hence we fear that the practice to which we have alluded, is directly opposed to the best interests of the Association and the profession generally.

After the reception and reference of the reports from Standing and Special Committees, the remainder of the annual Session was occupied with the appointment of committees for the ensuing year, the discussion of various topics, and the adoption of resolutions relating to the interests of the Association and the profession generally. The following constitutes the list of committees as reported by the Committee on Nominations and adopted by the Associatien viz:

Dr. Worthington Hooker, of New Haven, Conn.—On epidemics of New England and New York.

Dr. John L. Atlee, of Lancaster, Penn.—On epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

Dr. D. J Cain, of Charleston, S C—On epidemics of South Carolina, Florida, Georgia and Alabama.

Dr. W. L Sutton, of Georgetown, Ky—On epidemics of Tennessee and Kentucky.

Dr Thomas Reyburn, of St. Louis, Mo—On epidemics of Missouri. Illinois, Iowa, and Wisconsin.

Dr. George Mendenhall, of Cincinnati, O.—On epidemics of Ohio, Indiana and Michigan.

Dr. E. D. Fenner, of New Orleans, La.—On epidemics of Mississippi. Louisiana, Arkansas and Texas.

Dr. James Jones, of New Orleans, La.—On the Mutual Relations of Yellow and Bilious Remitted Fevers.

Dr. D. F. Condie, of Philadelphia—On the Causes of Tuberculous Disease.

Dr. Joseph Leidy, of Philadelphia—On Diseases of Parasitic Origin.

Dr. A. P. Merrill, of Memphis, Tenn.—On Physiological Peculiarities of Diseases of Negroes.

Dr. Joseph N. McDowell. of St. Louis, Mo.—On Statistics of the Operation of removing Stone in the Bladder.

Dr. F. Pyere Porcher, of Charleston, S. C.—On the Toxicological and Medicinal Properties of cryptogamic plants.

Dr. Daniel Brainard, of Chicago, Ill.—On the Constitutional and Local Treatment of Carcinoma.

Dr. George Engleman, of St. Louis, Mo—On the influence of Geological Formation on the Character af Disease.

Dr Henry Taylor, of Mt. Clemens, Michigan—On Dysentery.

Dr. Horace Green, of New York—On the use and effects of application of Nitrate of Silver in the Throat, either in Local or General Disease.

Dr. P. Claiborne Gooch, of Richmond, Va—On the Administration of Anaesthetic Agents during Parturition.

Dr. Charles Hooker, of New Haven, Conn.—On the Diet of the sick.

D. E. R. Dabney, of Clarksville, Tenn.—On certain forms of eruptive fevers prevalent in Middle Tennessee.

Dr. Sanford B. Hunt, of Buffalo, N. Y.—On the Hygrometrical state of the atmosphere in various localities, and their influence on health.

Dr. Frank H. Hamilton, of Buffalo, N. Y.—On the frequency of Deformities in fractures.

Dr. M. M. Pallen, of St. Louis, Mo., on puerperal convulsions.

Dr G. S. Walker, of St. Louis, Mo., on disease of the prostate gland

Dr H. A Johnson, of Chicago, Ill., on the excretions as an index to the organic changes going on in the system.

Dr. Leroy H. Anderson. of Sumpterville, Ala., on the Typhoid Fever and its Complications as it prevails in Alabama.

Dr. W H Byford, of Evansville, Ia., on the Pathology and Treatment of Scrofula.

Dr. N. S. Davis, of Chicago, Ill., on the Nutritive qualities of Milk, and the influence produced thereon by pregnancy and menstruation in the human female, and pregnancy in the cow; and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supercede the present defective and often unwholesome methods of supply.

Dr E. B. Haskins, of Clarksville, Tenn., on Microscopical Investigations of Malignant Tumors.

Dr. George P. Grant, of Memphis, Tenn., on the Sulphate of Quinia as a remedial agent in the treatment of fevers.

Dr. R. R McIlvaine, of Cincinnati, O., on the Study of Pathology at the bedside.

Dr. E. S. Cooper, of Peoria, Illinois, on Orthopoedic Surgery.

Dr. Andrew H. Jeeter, of Palmyra, Mo., on the *modus operandi* of the Envenomed Secretion of Healthy Animals.

Dr. Samuel M Smith, of Columbus, Ohio, on Insanity.

Dr. Rene La Roche, of Philadelphia, on the Jaundice of Yellow Fever in its diognostical and prognostical relations.

Dr. Charles Quarles Chandler, of Rocheport, Mo, on Malignant Perodic Fevers.

Dr. S. B. Chase, of Portland, Maine, on Typhoid Fever in Maine.

Committee on Plans of Organization for State and County Societies

A. B Palmer, M. D. Michigan; R R. McIlvaine, M. D. Ohio D. L McGugen. M D Iowa; E. R. Peaslee, M. D, New Hampshire; Thomas Lipscomb, Tenn.

Committe on Medical Literature

Robert J. Breckenridge. M D, Kentucky; O. M Langdon, M D., Ohio; A. A. Gould, M D., Massachusetts; D. L. McGugen, M. D. Iowa; J. B Flint, M. D., Kentucky.

Committee on Medical Education.

Wm. A. Anderson, M. D., Alabama; A. Lopez, M. D., Alabama; Andrew Murray, M. D., Michigan; F. A. Ramsey, M. D. Tenn.; R. D. Ross, M. D., Cherokee Nation.

Committee on Prize Essays.

R. La Roche, M. D., Pennsylvania; Isaac Hays, M. D., Pennsylvania; Alferd Stille, M. D., Pennsylvania; J. B. Biddle, M. D., Pennsylvania; George W. Norris M. D., Pennsylvania; Joseph Carson, M. D., Pennsylvania; Joseph Leidy, M. D., Pennsylvania.

Committee of Arrangements.

Isaac Hays, M. D., Penn.; G. Emerson, M. D., Penn.; Wilson Jewel, M. D., Penn.; Alferd Stille, M. D., Penn.; J. B. Biddle, M. D., Penn.; Francis West, M. D., Penn.; Wm. V. Keating, M. D., Penn.

Committee on publication.

Pliny Earle, M. D. New York; D. Francis Condie, M. D, Penn; E. S. Lemoine, M. D., Missouri; Francis West, M. D. Penn.; Alden March, M. D, New York; E. H. Davis, M. D., New York; C. R. Gillman, M. D., New York.

On the question of adopting the report in reference to the appointment of Committees, a long and somewhat animated debate sprung up, a part of which was had in Committee of the Whole. The discussion had reference solely to the proposed Committee of Publication. Since the organization of the Association, the Committee having charge of the publication of the annual volume of transactions, &c., has been located uniformly in Philadelphia At the present meeting the Nominating Committee reported a committee on publication, a majority of the members of which together with the Chairman, was located in New York. This was regarded as a direct proposition to change the place of publication from Philadelphia to New York; and was strenuously opposed by Drs. Storer of Boston, Atlee of Pennsylvania, and others, on the ground that the Philadelphia committee had heretofore discharged their duty well; that a change would be equivalent to a censure on them, and that the work could be done better in Philadelphia than anywhere else in the Union. On the other hand it was urged by Drs. White of Buffalo, Sayre of New York, Breckenridge of Kentucky, Davis of Illinois, and others, that the committee on publication was one of annual appointment, and that a change in it could no more imply censure on those who had previously served on the same committee, than the changes made in all the other committees. It was further urged that if the publication of the Annual Volume of Transactions of the Association required at the hands of the committee a great amount of labor and time without any corresponding remuneration, then such labor should, by no means, be imposed on the same individuals from year to year; if such publication was of real advantage to the committee, or the Profession of the city where it was done, then surely such advantage, like all others connected with the Association, should be distributed as equally as possible.

Very few indeed were disposed to find any fault with the action of the previous publishing committee. On the contrary its Chairman, Dr. D. F. Condie, was uniformly complimented for his industry and faithfulness in the discharge of his duties. It was evident, however, that some thought the publication and distribution of the Transactions had been unnecessarily delayed; and others that an undue or disproportionate amount of expense had been bestowed on certain papers, such as that of Dr. Meigs in the last volume, &c. These objections were rather whispered than spoken out, and after a full discussion, the report of the Nominating Committee was adopted, as given above, by a decided majority.

We are satisfied with the result, not because we object to the action of the former committee, for we believe no committee can superintend the publication of the Transactions continuously from year to year, without accumulating upon themselves objections and faultfindings which will become numerous in proportion to the length of time they continue in office.

And hence, just so far as changes from one city to another can be made, and still secure the publication of the Transactions in proper style, we think they should be, that the burdens and the benefits of the Association may be distributed as equally as possible. After the adoption of the above report, including the action in reference to the Committee on Publication, the delegates from Philadelphia took the responsibility of presenting the resignation of Dr. Condie as Treasurer of the Association, and Dr. Isaac Wood of New York, was appointed to fill his place. During the several sittings of the Association the following resolutions were proposed and adopted with little or no opposition, viz.:

Dr. Breckenridge of Kentucky, offered the following which was unanimously adopted:

Resolved, That the papers and documents of the Association, together with the plates and means of illustration belonging thereto, shall hereafter be the exclusive property of the Association.

W. W. Hill, moved that a Special Committee be appointed to investigate the physiological properties and remedial value of Alcoholic Drinks, and report to the next annual meeting of the Association. The motion was adopted, and Dr. R. D. Muzzey appointed the committee.

Dr. Breckenridge, of Kentucky, then offered the following resolution, which was carried:

Resolved, That hereafter the majority of the Committee on Publication shall be selected from the physicians of that city in which the Association may annually meet.

Dr. Atlee offered the following resolution, which was carried:

Resolved, That this Association earnestly recommend to their medical brethren in those States in which Societies do not exist, the immediate organization of State and County Medical Societies.

Dr. Atlee offered the following resolution, which was carried:

Resolved, That it shall be the duty of the Publication Committee to append to each volume of the transactions hereafter published, a copy of the Constitution of the Association.

The following resolution, offered by Dr. Gross, was also carried, and Dr. Gross was appointed by the Chair the committee designated:

Resolved, That a committee of one be appointed by the Chair to inquire into the causes which obstruct the formation and establishment of our National Medical Literature, and to report the subject at the next annual meeting of this Association, or as soon thereafter as practicable.

Dr. Gross, of Louisville, Kentucky, offered the following resolution:

Resolved, That hereafter it shall be considered disorderly for this Association to give costly entertainments.

Some discussion arose, and several amendments were offered—one of which was, that the word improper should be substituted for disorderly, and that liquor and cigars shall be excluded from such entertainments.

Dr. Coons, of St Louis, remarked in this connection, that the objects of the society had been more directed to efforts of entertainment than to promote science. Several members advocated the adoption of the resolution without reference to what had taken place, but to provide against the practice becoming an evil in future. The resolution finally passed as amended.

Dr. Guthrie offered the following resolutions, which were unanimously carried:

Resolved, That in the Secretary of the Treasury's recommendation to Congress to abolish or materially modify the duty on such crude drugs not producable in this country, as are used in the laboratories of the country in the manufacture of chemicals, we recognize a wise provision for the further protection of the profession and the community at large, from impure and sophisticated medicines.

Resolved, That a copy of this resolution be signed by the proper officers of this Association, and transmit the same to the Secretary of the Treasury and to the Committee on Ways and Means.

Dr. J. Berrien Lindsley offered the following resolution, which, on motion, was referred to the Committee on Medical Education, with instructions to report at the next Annual Meeting of the Association:

Resolved, That this Association earnestly recommend to the few Western schools which still retain the rule of making four years' practice equivalent to one term at College, the abrogation of said rule, as holding out a strong inducement and temptation to young men to enter upon the practice of medicine with little or no preparation.

Dr. Paul F. Eve, of Nashville, Tenn., submitted a resolution, which, after amendment, as follows, was carried:

Resolved, That a committee of three be appointed by the Chair, to report at the next meeting of the Association, the best means for preventing the introduction of disease by emigrants into our country.

The Chair appointed Drs. Dickson, Griscom and E. D. Fenner, a committee.

Dr. Linton, of St. Louis, offered the following, which, was also referred to the above named committee:

Resolved, That in the opinion of this Association, quarantine establishments afford no protection to States and cities against the invasion of epidemics such as cholera and yellow fever.

Dr. Fenn offered a resolution to the following effect:

Resolved, That the members of the Committee of Arrangements who are not members of the Medical Association, be invited to take seats in this Association, as members by invitation.

Which was carried.

Dr. French submitted the following resolution, which was carried:

Resolved, That a committee be appointed to enquire what State or other Society, represented in this Association, are in fellowship with irregular practitioners.

The following was offered by Dr. S. M. Smith, of Columbus, Ohio, which was carried:

Resolved, That a Standing Committee of ——— be appointed by the Association on the subject of Insanity as it prevails in this country, including in its *causatire* as hereditary transmission, educational influences, physical and moral, social and political institutions, &c. *Its forms* and *complications*, *curability* and means of cure and prevention.

Dr. Samuel P. White, of the University of Buffalo, submitted the following resolution, which was carried:

Resolved, That the thanks of this Association be presented to Dr. J. Knight, late President, for the very dignified, courteous and efficient manner in which he presided over its deliberations, and that he be respectfully requested to furnish the usual address for publication.

The committee appointed by the American Medical Association to devise or consider some comprehensive plan for the more general, systematic and thorough investigation of subjects connected with medical science, made a report, to which was appended the following resolution:

Resolved, That the American Medical Association hereby recommends all Medical Societies to establish, in accordance with the plan detailed in the foregoing report, special committees for the selection, investigation, collaboration and publication of all subjects of interest connected with medical science.

The resolution carried, and the report and resolution was referred to the Committee of Publication.

Dr. Atlee offered a resolution tendering the thanks of the Association, and of the individual members, to the citizens of St. Louis for their hospitality and kindness; also, to the Directors of the various Railroads and officers of steamboats, for the generous manner in which they have tendered their kind offices, which was adopted.

Dr. White moved that a vote of thanks be extended to the late Publishing Committee for their best endeavors to serve the Association, which was unanimously adopted.

A note of the entertainments, public and private, together with some other matters of interest connected with the recent meeting we shall reserve for the next number of the Journal.

D.

Lardner's Natural Philosophy, Course of Astronomy and Meteorology. Lea & Blanchard, Philadelphia, 1854. (*Received from D. B. Cooke & Co., Chicago.*)

THIS is the third and last of a valuable series of "Handbooks" on a subject ever interesting to the scientific physician. Although only collateral to the science of medicine, the subject of Meteorology which commences this volume presents strong claims to those who would read the great book of nature aright. Most of the operations of nature's harmonic institutions depend upon climatic and meteorological causes, almost inappreciable in a state of health, but sorrowfully apparent when the victim of disease.

The true nature of disease must remain hidden until we can discover "what is life"—not as an abstract conception, but a palpable entity; yet statistical science can advance our knowledge of the relation between physical laws, and those which govern the more subtle essence. Writers have ascribed many diseases, especially those of an epidemic character, to peculiar conditions of the atmosphere—electrical and hygrometrical, as acting *per se*, or giving intensity to predisposing conditions, or more efficient causes. Dr. Prout found the air in London just before the cholera broke out there, in 1832, much heavier than usual. We consider that no physician can be an *observer* of disease, or advance its etiology, without knowledge of the principles of meteorology.

The work before us professes to bring the study " up to the day;" it cannot however, rank with other treatises on the same subject, indeed we think it far inferior to an indigenous work, by Brocklesly, Professor of Natural Philosophy in Trinity College, Hartford. The more voluminous and elaborate treatises on this subject are, *Kœmptz' complete course of Meteorology*, *Muller's Physics* and *Meteorology*, and the paper in the *Annales de chemie et de Physique*, by Regnault and Pouillet.

The work begins with the subject of Terrestrial Heat. It is well known that the temperature of the earth decreases in going from the equator to the poles, but this decrease is not equal for the same latitude, but varies many degrees. This fact led Humboldt to establish his system of *isothermal lines*, or lines passing around the earth through places having the same temperature.—The decrease in temperature from the equator would be in direct ratio with our advance towards the polar seas, were there not disturbing causes—as difference in geological formation, presenting surfaces having unequal powers of absorption and radiation; the proximity of large bodies of salt or fresh water, mountain chains, primeval forests, littoral curvatures, configuration of coast, etc. Climate may vary on the same isothermal line, from the difference in vegetable productions; London, Pekin, New York are nearly on the same isothermal line, but their climates are extremely different. Climate is modified by elevation above the sea level; the thermometer falling one degree for every three hundred and twenty feet of altitude. After attaining an elevation of 15,730 feet in latitude 0°10′ N. we find perpetual snow, and a mean annual temperature of 34°.

In connection with this subject, the author has not entered fully into the cause of variation of climate:—nor has he attempted to explain the interesting fact of the lower temperature of the western continent, which is liable to more sudden and greater changes than the eastern, and the superior warmth of the western part of our own continent. We will assist him. On the eastern continent we find the Carpathian mountains in Austria; the Balkan in European Turkey; the Alps in Switzerland, the Appenines in Italy; the Pyrenees and the ranges ef the Sierre Morena, and Sierra Nevada, in Spain, and in India the lofty ranges of the Grants, and Himalaya protecting the ultramontane countries from hyperborean winds. The borders of the Black Sea are colder than the neighboring countries, because the polar winds sweep uninterruptedly through the opening between the Caucasus and the mountains of Transylvania. On the western continent we find no barriers presented to the polar winds, they sweep from the frozen ocean to the Gulf of Mexico; they strike against the Rocky Mountains obliquely and become a N. W. wind, bringing cold and storms to the great interior valley. It is the alternation of polar and equatorial winds which causes the extremes of heat and cold, and gives a proclivity to such centripetal diseases, as Influenza, and pulmonary affections in the winter, and vernal months, and Colic, Cholera morbus, and its congeners in the hot season. In the middle latitudes of the Pacific the prevalent winds are from the S. W., these carry their mild oceanic temperature to the western coast of America, and produce that mild and equable climate, peculiar to the countries contained between the range of the Rocky Mountains in the north, the Cordilleras in the middle, and the Andes in the southern divisions, and the sea coast.

In chap. 111, we have the subject of hygrometry, together with a description of Daniell's, Saussure's, Le Roy's, and Regnault's hygrometry, and August's psychrometer. We consider that of Regnault the most delicate and reliable; but its expensiveness will preclude its general use. We sincerely hope to see this subject taken up by industrious observers: it presents a rich field for scientific investigation. The relation of the hygrometric condition of the atmosphere to our vernal and autumnal fevers is, we believe, more intimate than superficial observers imagine. We have, ourselves, noticed that the intensity of cholera, and malarious fevers, has always coinceded with a high "*dew point*." In the Mediteranean the pestilential Siroc comes loaded with moisture. Did our limits admit we would wish to take enter interesting details, in connection with the subject.

The subject of Hoar frost is very meagrely treated in sec. 2249. It has been observed that hoar frost forms first in valleys: this is due to the upward radiation of terrestrial heat, from the protection afforded by the surrounding hills. Our author has omitted this explanation.

The effects of atmospheric electricity on animal and vegetable matter are obscure, but not unobservable. There are but few of nervous-sanguine temperament who have not felt an indescribable sense of oppression and anxiety, of restlessness, and debility of the muscular system, immediately before a thunder storm—evidencing some palpable disturbance of the electricity of the body, by this subtle agent in the atmosphere. Its effects, too, on vegetable matter, are scarcely less mysterious. In the department of the Cote d'Or, Saone, and Loire in France, where the fine wines of Burgundy are produced, the fermentation of a whole vintage has been disturbed by a thunder storm. It would seem from this that electricity disturbs the production of carbonic acid, which Pouillet has observed to escape in a negatively electrified state.

While this book contains much valuable information for a student, it does not fulfill all it promises. Many of the subjects are passed over too hastily and some valuable matter, in an elementary work, wholly omitted. The style of Dr. Lardner is never attractive and this book forms no exception to the general rule.

W. H. T.

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From and after the issue of this No. of the North Western Medical and Surgical Journal, Dr. N S. Davis will take the place of the undersigned as one of its editors.

The well deserved and high reputation of Dr. Davis as a writer and teacher will be a sufficient guarantee to its subscribers, that hereafter, it will continue to merit what it has always had and is now receiving, a liberal support from the Physicians of the North West.

W. W. HERRICK.

THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. III. JUNE, 1854. NO. 6.

ORIGINAL COMMUNICATIONS.

Illinois State Medical Society.

THE Fourth Annual Meeting of the Illinois State Medical Society commenced on Tuesday June 6th, 1854, in the Congregational Church at Lasalle.

The meeting was called to order by the President, Professor DANIEL BRAINARD, at 3 o'clock P. M.

Dr. WELCH, of Lasalle, Chairman of the Committee of Arrangements, welcomed the Delegates to the hospitalities of the place in a few appropriate remarks, and then read a list of those delegates who had presented their credentials. About forty members were in attendance, of whom the following had presented their credentials from county societies and local institutions viz:

Esculapian Medical Society,	DR. SAMUEL THOMPSON.
McLean County Med. Society,	A. H. LUCE.
Winnebago Co. Med. Society,	G. P. RANSOM. JOSEPH BLOUNT.
Putnam County " "	WM. MCKNIGHT.
Lasalle " " "	O. P. HATHAWAY. JOHN GILLET.
Macon " " "	S. Y. BALDWIN.
Cook " " "	H. A. JOHNSON.
Mercy Hospital, Chicago,	N. S. DAVIS.

Stark County Medical Society,	Thos. Hall. T. D. Fitch.
Knox " " "	G. C. Patterson.
Putnam " " "	E. S. Cooper.
Stark " " "	—— Bodley.
Peoria Medical Society,	J. N. Niglas.
Marshall Co. Med. Society.	C. M. Baker. James McCoy.
Rush Medical Society,	D. Brainard.
Fulton Co.	J. C. Fitz.

On motion of Dr. Samuel Thompson, of Albion, a committee of one from each County represented, was appointed to recommend candidates for officers of the Society during the coming year.

After a short recess to enable the members from each county to select one of their number to serve on the Committee, it was found to be composed as follows, viz.:

Dr. H. A. Johnson, of Cook County.
Wm. McKnight, of Putnam "
" J. C. Fitz, of Fulton County.
" J. Blount, of Winnebago "
" J. N. Niglas, of Peoria "
" Sam'l Thompson, of Esculapian Medical Society.
" J. Stout, of Lasalle County.
" Thomas Hall, of Stark "
" James McCoy, of Marshall Co.
" A. H. Luce, of McLean "
" S. Y. Baldwin, of Macon "
" G. C. Patterson, of Knox "
" T. D. Fitch, of Henry "
" D. W. Young, of Kane "

On motion of Dr. N. S. Davis, all members of the Medical profession present and in good standing, were invited to take seats in the meeting as members by invitation.

The next order of business being the election of permanent members, the following gentlemen were proposed and unanimously elected, viz:

Dr. R. M. McARTHUR, Ottawa,	proposed	by Dr. N. S. DAVIS.
" D. W. YOUNG, Aurora,	"	" "
" ABNER HARD, Ottawa,	"	" "
" G. STILLING Winchester	"	by E. S. COOPER.
" W H DAVIS, Lasalle,	"	Dr. WELCH.
" A. G. LAWTON, Lasalle,	"	"
" JOHN HIGGINS, Peru,	"	O. P. HATHAWAY.
" L HALL, Peru,	"	"
" J. T. MILLING, Peru,	"	"
" W. H. NANCE, Fulton,	"	J. C. FITZ.
" E. C. GARDNER, Fulton,	"	"
" A. M. JOHNSON. Fulton,	"	"
" DEXTER CLARK, Rockford,	"	C. N. ANDREWS
" JAMES CHAMBERS, Peoria,	"	Dr J. N. NIGLAS.
" G. C. WIRTZ. Peru,	"	JOHN GILLETT.
" J. F. WEEKS, Peru,	"	"
" GUY HULETT, Peru,	"	"
" JOHN L. FYFIELD, Peru,	"	THOMAS HALL.

On motion of Dr. N. S. Davis, the committee on nominations was instructed to report also a place for holding the next annual meeting of the Society.

The nominating committee than came in with the following report:

President.

DR. C. N. ANDREWS, Rockford.

Vice Presidents.

DR. SAMUEL THOMPSON, Albion,
DR. THOMAS HALL, Toulon.

Secretaries.

DR. H. A. JOHNSON, Chicago.
DR. A H. LUCE, Bloomington.

Treasurer.

DR. N. S. DAVIS, Chicago.

The report of the committee was accepted, and the candidates recommended unanimously elected by a vote of the Society. The same committee also reported in favor of holding the next annual meeting at Bloomington, which was also adopted.

The reports of standing committees were then called for, and the chairmen of the committees on Surgery and Practical Medicine were both found absent.

Dr. Thomas Hall, chairman of the committee on Midwifery and the diseases peculiar to women and children, requested that his report might be made the order of business at the commencement of the morning session to-morrow, which request was granted.

Dr. Brainard in retiring from the chair, announced his readiness to comply with the rule requiring from the President an address.

Dr. Welch stated, that arrangements had been made for hearing the address of Dr. Brainard at the afternoon session to-morrow.

The Chairman of the Standing Committee on Drugs and Medicines was absent, and no report.

On motion of Dr Brainard, the President of the Society was directed to appoint the Standing Committees for the ensuing year.

Dr. Davis, of Chicago, expressed his surprise and regret that so many of the Standing Committees for the past year had entirely neglected their duty. He alluded to the fact that members of the Society looked to the reports of the Standing Committees for a large share of the interest and profit of our meetings; and consequently that no man should accept a place, especially as Chairman on such committees, unless he faithfully performs the duty assigned him.

Dr. Brainard remarked that the fault was perhaps more with the profession than the Committees. The latter must depend in a great measure on the former for materials to report on; and he knew that it was sometimes the case that committees failed wholly to get any responses to their application for information.

Dr. S. Thompson, of Albion, offered the following.

Resolved. That no man employed or interested in the sale of patent medicines or nostrums either as Druggist or otherwise, can become a member of this society.

After brief remarks from Dr. Brainard, Thompson, Hall, Davis, and others, the resolution was withdrawn on the ground that the present rules and Ethics of Society are sufficient to exclude the class of persons contemplated in that resolution.

The Secretary then presented the reports of the Treasurer and the Committee on Publication, which were accepted and properly referred.

Dr. Davis, of Chicago, moved the following resolution which was adopted, viz.:

Resolved, That the Treasurer be instructed to notify immediately the absent members of the Society of the amount of the annual assessment and that the Committee of Publication be directed to withhold from the published list, the names of all such as do not pay the same to the Treasurer before the first of August next.

Notice was given that Dr. N. S. Davis had accepted the invitation of the Committee of Arrangements to address the Society and the public on the Physiological effects of Alcoholic drinks on man, and their value as preventives of disease, this evening at 7½ o'clock.

On motion the Society then adjourned until 9 o'clock to-morrow morning.

In the evening a very respectable audience assembled and listened with diminished interest for an hour and a half, to the address of Dr. Davis. The address was purely scientific and extempore, yet couched in such language as to be readily comprehended by the non-professional hearer.

He showed by a variety of facts and experiments that Alcoholic drinks, instead of being valuable as preventives of disease, are among the most direct and powerful predisposing causes to which man can be subjected.

SECOND DAY.

Wednesday, 9 o'clock A. M., the Society was called to order; the President, Dr. C. N. Andrews in the Chair.

The minutes of the yesterday's proceedings were read by the Secretary and approved.

On motion of Dr. N. S. Davis, the amount of the annual assessment on each member for the present year was fixed at $2.

The special order of business being called for, Dr. Thos. Hall, in behalf of the Committe on Prize Essays reported that only one essay had been received by the Committee. That one, however, was possessed of more than ordinary merit, and was well entitled to the premium of $20, donated by Dr. N. S. Davis. The sealed note accompanying the essay being opened, the name of the author was found to be Henry Parker, M. D., of Chicago, Ill.

On the suggestion of Dr. Hall, the essay was referred to the

Committee of Publication, with instructions to permit the author to make certain additions if he wished to do so.

Dr. Thos. Hall, as Chairman of the Committee on Obstetrics, stated that he had prepared no regular report, but with the permission of the Society, would read the report of a case communicated to him by Dr. B. F. Halleck of Vandalia.

Permission was granted, and Dr. Hall read an account of a case of difficult labor, produced apparently by the complete ossification of the bones of the cranium of the child.

The obstruction to labor was so great that the practitioner in attendance attempted to perforate the head.

Dr. Brainard expressed doubts as to the propriety of the operation resorted to, and thought the forceps or other means compatible with the life of the child should have been tried first. He alluded to a case which occurred in his own practice, when the head remained at the superior strait of the pelvis, in which Dr. John Evans of Chicago applied his Obstetrical Extractor and delivered with safety both to mother and *child*.

Dr. Hall related verbally several interesting cases of difficult and complicated labors which had occurred in his own practice. In one case the woman was delivered of two children, one of whom was remarkably deformed and had been so long dead that putrefaction was far advanced and the Liquor Amnii exceedingly offensive; and yet the other child, though much emaciated, was alive and well.

Dr. Hall, also related a case of phlegmasia dolens which he treated successfully with opium to allay pain, with quinine, camphor and oil of turpentine internally, and the application of warm oil of turpentine externally to the affected limb. He stated that he had seen very bad results from treating this disease by antiphlogistic remedies, such as bleeding, cathartics, etc.

Dr. Brainard agreed with Dr. Hall in reference to the treatment of phlegmasia dolens, and stated that most of the cases which had come under his observation had been in *debilitated* patients. He also alluded to several cases of *phlebitis* affecting the illiac and pelvic veins of the male subject, of the same nature as the uterine phlebitis in the female. Two of these cases occurred in connection with hæmorrhoidal tumors in the rectum. Dr. Brainard also alluded to a case of genuine uterine phlebitis which occurred in the practice of another physician. The patient got better for a few days, when the right limb began to swell and gave signs of inflammation of the illiac vein. The attending physician applied a bandage to the affected limb and left the patient without observing any immediately dangerous symptoms. He had scarcely left the house, however, when the patient expired. Dr. Brainard assisted in making a post mortem examination, and found that the inflammation had extended from the uterus into the illiac vein, effusing coagulable lymph on the inner surface of the vessel, which presented the form of *vegetations* projecting into, and more or less obstructing the current of blood. One of these vegetations had apparently been dislodged and carried by the current of blood to the heart, where it was found lodged on the valves and surrounded by a coagulum of blood sufficient to fatally obstruct the circulation.

Dr. E. S. Cooper then read a lengthy paper, entitled, "Walking a primary Element in the Treatment of certain Deformities of the Limbs." — He also exhibited several instruments, invented by himself, for treating club-foot, false anchlylosis of the knee-joint, and coxalgia. The instrument for remedying the deformity of the knee he has used several years with very gratifying results. That devised for treating coxalgia or hip disease is intended to enable the surgeon to effect, not only extension and counter extension, as recommended by Dr. A. March, of Albany, but also the abduction of the upper part of the thigh. He stated that he had not yet had an opportunity of testing fully the utility of the instrument by experience.

On motion of Dr Baldwin, the thanks of the Society were tendered to Dr. Cooper for his communication, and he was requested to condense the same in a manner suitable for the transactions of the Society.

The President then read the following communication viz:

President of the Illinois State Medical Society.

Dear Sir: In conformity with the recommendation of the Committee on Prize Essays, please forward to Henry Parker, M. D., of Chicago, an order on me for the *twenty dollars* offered at our last annual meeting. And please to inform the Society that the same sum is continued at their disposal for prize essays another year. Yours truly

N. S. DAVIS, of Chicago.

Dr. D. Brainard, commended the policy of offering premiums for essays, and also the liberality of the member whose communication has just been read. But he thought it unjust to accept a donation from an individual member, and offer it in the name of the Society. He therefore, moved, that *fifty* dollars be raised by voluntary contributions, and offered by the Society for prize essays during the coming year; the whole to be awarded for one essay, or twenty-five dollars each for two, as the committee on prize essays should judge best. The motion of Dr. Brainard was seconded and adopted by the Society.

The election of permanent members was again taken up and the following gentlemen proposed and duly elected, viz.:

Dr.	J. F. WORRELL,	Bloomington,	proposed	by Dr. S. W. Noble.
"	WM CROMWELL	do	do	do do
"	G. W. STIPP	do	do	do do
"	KELLER,	Decatur,	do	S. Y. Baldwin.
"	TROWBRIDGE,	Decatur	do	do
"	KINKADE,	do	do	do
"	T. LEEDS	of Mt Pulaski	do	S. W. Noble.
"	S. L. CRAIG	of Delta	do	do
"	A. A. LOVEJOY	of Aurora	do	D. W. Young.
"	P. A ALLAIRE	do	do	do
"	P. KIRWIN	of Ottowa	do	J. Stout.
"	C. HARD	do	do	do
"	T. HEY	do	do	do
"	H. SMITH	of Chicago	do	N. S Davis.
"	J. C. MORFITT	do	do	D. Brainard,

On motion the Society adjourned to 2 o'clock P. M.

Afternoon Session.

At 2 o'clock P. M., the President, Dr. Andrews, took the Chair and called the meeting to order.

The Standing Committees for the ensuing year were then announced as follows, viz :

Committee on Surgery.

Dr. Freer, of Chicago.
" James Blount, of Oregon.
" J Leeds, of Mt. Pulaski.

Committee on Practical Medicine.

Dr. Edward Roe, of Bloomington.
" S. W. Noble, of Leroy.
" S. Y. Baldwin, of Decatur.

Committee on Obstetrics.

Dr. J L. Hamilton, of Peoria.
" C. M. Baker, of Henry.
" W. W. Welch, of Lasalle.

Committee on Drugs and Medicines.

Dr. H. A. Johnson, of Chicago.
" G. P. Ransom, of Roscoe.
" Joseph Stout, of Ottawa.

Committee of Arrangements.

Dr. A. H. Luce, of Bloomington.
" Edward Roe, do
" J. F. Worrell, do

The President was authorized to fill any vacancies that might occurs in the Standing Committees.

Dr. D. Brainard, the Ex-President, then delivered his address; the subject of which was the local treatment of poisoned wounds The effects of certain poisons on birds, and the efficacy of iodine in counteracting these effects, were illustrated by direct experiments performed before the Society. The paper was an extremely interesting and valuable one; but as it will appear in full in the printed volume of transactions, we refrain from giving any analysis of it here.

On motion of Dr. S. Thompson the thanks of the Society were tendered to Dr. Brainard for his very interesting address, and a copy of the same requested for publication in the transactions.

Dr. J. O. Harris, of Ottawa, presented his credentials as delegate from Lasalle County Medical Society and took his seat in the Society.

The following was offered by Dr. S. Thompson. viz:

Resolved, That a Committee of —— be appointed to obtain the names of all the regular practitioners of medicine in the State, with their address; and also a list of all the medical societies at present existing

Dr. N S. Davis offered the following as a substitute which was adopted, viz:

Resolved, That a Committee of three be appointed to obtain the names of the regular members of the profession throughout the State, with their address; and to use their influence to procure the formation of County Medical Societies in all those counties where none exist.

The President appointed Dr Samuel Thompson, of Albion, Dr. H. A Johnson, of Chicago and Dr. A. B Chambers, of Toulon, said committee.

Dr S. Thompson offered the following which was adopted, viz:

Resolved, That members of this Society before proposing any one as a canditate for election as permanent member, should be careful to ascertain whether such candidate is in any way connected with, or interested in, the sale of patent medicines and nostrums; such persons being incompetent to become members. See section 4. chapters 2 and 3 of code of Ethics.

Dr. N. S. Davis offered the following which was adopted:

Resolved, That the President appoint a committee of three to receive and examine all essays that may be presented for the prize or prizes offered by this Society. And that writers be allowed to choose their own subjects, it being understood that all essays must be sent to the chairman of the committee on or before the 1st of May 1855.

The President appointed Drs N. S. Davis, of Chicago, Edward Dickinson, of Peoria, and J. O. Harris, of Ottawa, the Committee on Prize Essays.

Dr D. Brainard moved, that Delegates to the American Medical Association be appointed by the President of the Society.

Dr. Baldwin moved as an amendment, that the Society now proceed to the appointment of said delegates; which was adopted and the following members elected by vote of the Society, viz:

Dr. D Brainard, of Chicago; Dr. A. H. Luce, of Bloomington;

Dr. E. S. Cooper, of Peoria; Dr. Samuel Thompson, of Albion: Dr. C. N. Andrews, of Rockford: Dr. S. Y. Baldwin of Decature; Dr. S. W. Noble, of Leroy: Dr. J. Higgins, of Peru: Dr. W. W. Welch, of Lasalle: Dr. H. A. Johnson, of Chicago: Dr. J. C. Fitz of Fulton; Dr. J. W. Spalding, of Galesburg.

On motion of Dr. Brainard, it was resolved, that those delegates who may attend the next meeting of the American Medical Association, be authorized to fill any vacancies that may be found to exist in their body

Dr. S. Thompson offered the following as an amendment to the constitution, which was laid on the table until the next annual meeting, viz:

Resolved, That respected members of this Society who may remove from this State, and distinguished members of the profession in other States, may be elected honorary members of this Society by a unanimous vote.

On motion of Dr. S. W. Noble, the committee on publication was authorized to re publish in the next volume of transactions, the constitution and code of Ethics of this Society.

Dr. D. Brainard, offered the following which was unanimously adopted, viz:

Resolved, That the Committee of Arrangements of this Society be instructed to omit preparing or having prepared by the local profession, any general *entertainment* at the annual meetings of the Society.

On motion of Dr. Baldwin the thanks of the Society were tendered to the Congregational Church of the city of Lasalle, for the use of their church edifice; and also to the Committee of Arrangements and other officers of the Society for the judicious manner in which they have discharged their duties.

On motion the Society adjourned *sine die*.

H. A. JOHNSON, } *Secretaries.*
A. H. LUCE. }

Report of the Chairman of the Committee on Epidemics and the Sanitary Condition of Chicago, read to the regular meeting of Cook County Medical Society, June 13th, 1854, by N. S. DAVIS, M. D., etc. etc.

The Committee, of which I am a member, was required to report every month, first in relation to any epidemic diseases that might occur under their own observation, and second in relation to the general sanitary condition of the city. In fulfilling my part of the duty imposed on the Committee, it is proper to remark that I have had no opportunity to consult my professional brethren in relation to facts that have occurred in their practice during the last month, and consequently my report this evening, must include only what has come directly under my own observation.

My present report will embrace a period of two months, reaching from the middle of April to the present time, (June 13th, 1854.)

During the latter part of winter and all the spring, the Scarlatina and Rubeola have prevailed in the city, and yet not producing a sufficient number of cases at any one time to merit the name of epidemic.

During the last two months, I have met with several cases of Rubeola, only two of which presented any other than ordinary symptoms. These two were characterized by the usual *catarrhal* symptoms during the first three days with moderate fever. On the morning of the fourth day the first patient, a little girl about 3 years old, coughed more severely and with a more stridulous sound than usual, and in a few hours after, all the symptoms of severe croup were developed, causing very great dyspnœa, restlessness and loud ringing, or stridulous cough. Only a few spots of eruption had made their appearance on the face, and the febrile action was not very high. Believing the symptoms of croup to be chiefly spasmodic, I directed the patient half a grain of the sub-sulphate of mercury (turpeth mineral) to be repeated every 15 minutes until vomiting was induced; after which an anodyne and diaphoretic powder, consisting of Pulv. Doveri 1 gr and Pulv. Antimonialis ½ gr. was to be given and repeated every hour, until the patient became relieved. The emetic afforded prompt relief, and before three of the last mentioned powders had been given, the cutaneous eruption made its appearance copiously over the surface of the body, and the patient had no return of the laryngeal difficulty.

The second case was a little boy about 5 years of age. The symptoms of croup were developed suddenly and very severely on the morning of the fourth day after the Catarrhal symptoms had commenced. The difficulty of breathing was very great, and the paroxysms of coughing very suffocating and stridulous; but the febrile symptoms and activity of the pulse were not presented in that degree corresponding with the severity of the croup. The eruption had appeared on the face and neck, sufficient to show its nature. The suddenness of the attack, the moderate amount of febrile action, and its occurrence at a time when the nervous system was highly susceptible from the specific influence of Rubeola, led me to regard this case like the first as spasmodic in its nature. I gave the patient at once 1 gr. of Sub Sulphate of Mercury, which produced free emeses within twenty minutes. The paroxysms of vomiting resulting from this dose were repeated at short intervals for three quarters of an hour, and with great relief to the breathing of the patient. I then directed a mixture of compound honey of squills and senega ℥j., and tincture of belladona ʒj., of which 10 drops were to be given every one, two or three hours, according to the severity of the symptoms. During the following twenty-four hours the symptoms of croup all subsided, the eruption of measles became more full, and the patient recovered without any other untoward symptoms.

Only six cases of scarlatina have come under my observation during the last two months. Nearly all of them were of the Anginose variety, with much swelling of the cervical glands, and general prostration. Only one of the cases terminated fatally, which was a little boy two years of age. The tonsils, parotid and lymphatic glands became much swollen with the first appearance of the eruption; producing great difficulty of breathing, restlessness, rapidity of pulse and dry skin. Within three days the fauces and tonsils became ulcerated and assumed that ash-gray color indicative of approaching gangrene. This condition rapidly spread over the whole interior of the mouth and lips; the face became pale, the pulse very rapid and feeble, and the patient died about the fifth day.

Another case, a little girl about five years old, occurred in the same family at the same time. The disease presented the same form and tendencies as in the younger child, but was less severe. The ulcerations in the mouth and fauces were limited in extent, though unhealthy in appearance and very slow to heal The glands behind and below the angle of the jaw were much swollen and tender. and the skin presenting a whiteish or shining aspect ; the pulse 120 per minute, small, and quick. I gave the following, viz :

℞. Tinct. Belladona ʒj.
Spits. Nit. Dulc ℥j , mixed, fifteen drops every four hours, and a powder consisting of

℞ Pulv. Doveri 1 gr.
Sub. Murias Hydrag. 1 gr. mixed, each night. Locally her mouth was washed with a solution of chloride of zinc one grain to two ounces of water, and the swollen glands externally constantly covered with cloths wet in an infusion of aconite leaves with muriate of amonia. Under this treatment she passed through the active stage of the disease. the eruption and fever disappeared. the tonsils and glands on the right side of the neck returned nearly to their natural condition, but a large swelling directly behind the angle of the jaw remained on the left side, presenting a pale and shining surface and an obscure feel of fluctuation over the most prominent part. The face and lips were also pale, the pulse small. quick and irritable, with much general debility and entire loss of appetite. I opened the swelling and gave exit to a considerable quantity of unhealthy looking pus. and directed half a tablespoonful of cod-liver oil each night and each morning and ten drops of the following mixture every four hours, viz :

℞. Aromatic Sulph. Acid, ʒj.
Sulph Quinine, 10 grs.
Sulph. Morph, 5 grs. mixed, and a diet of beef tea. milk, etc. The abscess continued to discharge freely, and on the third day after it was opened. a large tough string of gangrenous cellular tissue was removed through the opening. The patient remained feeble and irritable with rapid emaciation. The cod-liver oil induced nausea and was sometimes rejected by vomiting. It was consequently discontinued. The other tonic mixture was continued, and to secure the introduction of more nourishment into

the system I directed a tablespoonful of alcohol and a little sugar to be added to a tea-cupful of sweet milk, and a tablespoonful to be given every two hours. The effect was very marked and favorable. The pulse was diminished in frequency, the skin became more moist, and she slept quietly nearly all the following night. Clothes wet in an infusion of aconite leaves with muriate of ammonia were continued on the swelled glands, and the patient continued rapidly to improve until the health was fully restored. The other four cases were marked by no striking peculiarity.

The only remaining disease to which I would call your attention is the spasmodic or epidemic cholera. During the last two months I have seen within the limits of the city 33 well marked cases, of which 15 were fatal.

The first six cases occurred between the 20th and 25th of April. All of them were characterized by copious *rice water* discharges from the bowels, to which was added in three of them, vomiting, cramps in the lower extremities, corrugation of skin, huskiness of voice, and suppression of urine. They occurred in different sections of the city and without any possible connection with each other. All but one of these patients had resided in the city several months, and some of them several years. Only one died; viz: an irish woman passed the middle period of life. She had come from New Orleans to this city by way of the Mississippi river. She arrived here on Monday evening and was attacked with violent vomiting and purging of rice-water, cramps, etc , on the Wednesday evening following. On Thursday morning I was called, and found her in complete collapse with every characteristic feature of that stage of cholera. A very partial degree of re-action, however, came on during the day and she lingered in a dull typhoid state nearly three days. She was in a shanty in the south west division of the city, with three or four shanties, occupied by irish residents, close around it. But no other cases occurred in that immediate neighborhood.

From the 25th of April to the 15th of May, I saw no well marked cases. Two or three fatal cases, however, occurred during that period, in the practice of other physicians.

Between the 15th and 20th of May I met with *five* highly m lignant cases. The first was a young man, native of Scotland, who arrived here about ten days before his death. He came through Canada direct to this city. He began to have a moderate watery diarrhœa within two or three days after he arrived. This continued without receiving any attention on his part until the afternoon of May 16th, when the symptoms of cholera commenced with great violence. I saw him about four hours after the severe symptoms commenced, and found him in complete collapse. He died about two o'clock the same night.

One hour after his death I was called to a girl aged 6 years, in the same house. She had been affected with diarrhœa for two or three days, and was seized with copious rice-water evacuations up and down, with cramps in the extremities, etc., etc., early in the evening. When I saw her, at three o'clock A. M., there was no pulse at the wrist; the skin was cold, corrugated, and purple; the breath and tongue cold; craving for cold drink; eyes deeply sunken and conjunctiva injected with blood; the discharges and cramps had nearly ceased; but still most of her drink was immediately rejected. She died about 9 o'clock the same morning. During the afternoon of the same day the woman who kept the house was attacked suddenly with vomiting, purging, and cramps in her legs. She was immediately subjected to efficient treatment and she soon recovered. During the following night the father of the little girl who died, was attacked also with great violence. And though I was summoned to him early, yet the disease was not arrested until he was brought to the verge of collapse. He, however, slowly recovered.

The three last cases mentioned had been residents of the city one year or more. On the 18th of May, the same day the last of the cases mentioned occurred, an Irishman who had been indulging rather freely in the use of intoxicating drinks for several days, left his house early in the morning to commence his work on the south branch of the river about one mile distant. He was attacked with violent vomiting and purging before he reached his work and immediately returned. All the phenomena of malignant cholera were rapidly developed, and when I saw him, at 10 o'clock A. M., he was pulseless and in a state of perfect collapse. He died about 6 o'clock P. M. of the same day.

From this time to the 1st of June, I saw nine cases, all but one of which was in a settlement of shanties near the east side of the North branch of the River, and between Kinzie Street and the main trunk of the River. Of these three were German emigrants, all in one filthy crowded house. Two were fatal and one recovered. The other six were Irish, inhabiting the dampest and filthiest class of shanties. Of these, however, only two died. During the same period of time several other cases occurred in the same neighborhood, which I did not see, some of which proved fatal.

On the first day of June I was called to one fatal case in the person of a most estimable lady, surrounded by all the comforts of life. She had suffered from impaired health several years, and was subject to occasional turns of diarrhœa. On the morning of April 30th she was attacked with a very moderate watery diarrhœa which continued through the day, but so moderate that she continued up and attending to her household duties. About 10 o'clock P. M., the diarrhœa continuing, she took a mixture of Syrup of Rheubarb and Paragoric, which she had in the house, and went to bed. About 11 o'clock, P. M., she vomited slightly, and from that time all the symptoms of cholera became rapidly developed. I was called about 2 o'clock, A. M., but treatment was of no avail, and she died about 5 o'clock, P. M., of the 1st of June. From this time to the 9th of June I saw only a few cases of watery diarrhœa. But from the 9th to the 18th, the date of this report, the disease has rapidly increased—twelve cases having come under my observation.

These cases have been scattered in every division of the city, but were nearly all Irish laborers—six of them have proved fatal—at least four of the number being in collapse before any medical aid was called. It will be seen by the above that the whole number of cases which have come under my observation during the past two months, is thirty-three, of which fifteen were fatal Three of them I saw only in consultation, and six others were either dying or in a state of complete collapse before medical aid was sought. I have no reliable means of ascentaing the whole number of cases which have occurred in the city during the present season. Those which have come under my observation have shown no features differing essentially from the same disease as it has appeared in former years; neither have I been able to discover any difference in the action of medicines given to control it. In regard to the general sanitary condition of the city, it is sufficient to say that the streets and alleys have been much neglected during all the spring—they are and have been, consequently, very filthy and wet. The house on Kinzie street where four cases occurred about the middle of May was dirty, crowded, especially in the lodging rooms; and the back yard and alley were literally nauseous with filth. The neighborhood near the north branch of the river, where most of the cases occurred during the last week in May was in no better condition. It will be observed, by reference to the dates I have given, that the cholera has been in the city since the middle of April. But most of the cases have occurred in groups extending over a few days, and then ceasing to occur or nearly so. By referring to my notes of the weather or atmospheric changes, I find that the six first cases detailed, occurred during four or five days of very warm, sultry weather, commencing about the 20th of April. The first half of the month had been cold, but it was followed by a few warm days, with showers and an atmosphere almost saturated with moisture. Before the close of the month it again became cold for the season and remained so until near the middle of May. During the last half of May the atmosphere was moderately warm, with occasional showers, and a high degree of saturation. On the 6th of June it changed to unusual cold with excessive fall of rain and continued so until the 9th. From the 9th to the present date it has been warm and clear, but with a high degree of moisture in the atmosphere. The connection of these atmospheric conditions with the prevalence of the disease may be readily seen by the reader. It has been impossible to trace the cases which I have seen to any connection with each other, or with the disease in other parts of the country. On the occurrence of the first fatal case mentioned in this report, I communicated it to the Mayor and Board of

Health, with the warning that indications were plainly visible, of an approaching cholera season, and with an urgent request that no time should be lost in cleansing and draining the streets and alleys; and in scattering through the filthiest portions a few tons of lime. But up to the present time *nothing* has been done; and the prospect is that your committee will have abundant materials for a much more extended report at our next monthly meeting.

Chicago, June 13th, 1854.

SELECTIONS.

Hysteria. Considered with reference to its mental phenomena.

By Sanford B. Hunt, M.D.

It is my purpose in this article to speak of the hysteria with reference to those mental phenomena which it involves, and which are perhaps the most important of the numerous symptoms of the disease. The occurrence of a hysterical convulsion, of greater or less severity, is, in itself, a matter of no great moment—our patient may be, on the day succeeding, fit for labor or society, with no impairment of physical or mental health.

But a succession of these attacks, either convulsive or comatose, if long continued, is apt to involve a train of mental phenomena of the most interesting character, though that interest is too often derived from the curiosity with which we watch the gradual decay of mental vigor, and the substitution for it of suspicion, jealousy of friends, or some other form of perverted reason.

And the consideration of hysteria has, of late years, become more necessary, from the fact that our abilities for appreciating its symptoms have recently been greatly enlarged, in the developments which have attended those moral epidemics which have lately swept over the civilized world.

The student of nervous pathology must often recognize in the insanities of Swedenborgianism, Homœpathy, Spiritualism, and especially Electro-Biology and Mesmerism, a train of mental *and of bodily* symptoms, to some extent identical with those of hysteria. To trace these resemblances is our task. In the pursuit of them we may overstep the boundaries of medical literature, and search in the moral movements of the day, or in the field of secular literature for facts germain to our investigation.

Among the symptoms to which I shall direct this attempt at explanation, and which every practitioner must occasionally have recognized. are—1, hysterical coma, or hypnotism; 2, somnambulism; 3, extreme credulity of statements unsupported by evidence or foregone experience; 4, ecstacy; and especially, 5, extraordinary monomania for the deception of those around them. The phenomena of these conditions are now sufficiently understood to render them applicable to our ideas of the necessities of treatment, and it is not too much to assume, that he who looks upon hysteria as a mere manifestation of derangement of the cerebro-spinal system, dependent on organic causes, is not entirely competent to its proper management.

Convulsion is not the most common or constant of hysterical symptoms. The same is true of all those bodily symptoms we are accustomed to look upon as hysterical. Although some of them are usually present, yet no one of them seems essential to the disease—it has no one intrinsic or pathognomic symptom, unless, indeed, the absence of laryngeal spasm may be considered a negative symptom.

It is my belief that the mental symptoms of hysteria are as constant and as peculiar to the disease, as the physical. Setting aside the question of their relative frequency, they are in themselves far more important in their results. I have seen imbecility, attempts at suicide, suspicion of friends, desertion of families, in which hate was substituted for former love, absurd religious belief, and many other disastrous consequences resulting from this affection. All these things tend to confer importance on the subject of our essay.

The fact that medical literature contains so little upon the mental forms of hysteria, is owing principally to the circumstance that very few physicians have made the philosophy of mind a part of their studies. But this paucity of mental research is redeemed by the circumstance that sundry observers collaterally connected with medicine have written largely and well upon subjects which have so close a connection as to be almost identical. De Boismont on Hallucinations, Sir David Brewster's Natural Magic, Sir Walter Scott's Demonology, Abercrombie's Intellectual Philosophy, and last and greatest, the article in the Quarterly Review of October, 1853, attributed to Dr. Carpenter, have much matter that bears upon my inquiry. There are numerous other works with which I have only an acquaintance through critical notices, or occasional notices or extracts in other authors, but from which I have sometimes thus obtained at second hand some valuable facts or suggestions. These are, Braid's Experiments in Hypnotism, Falcot, Du Suicide et de l'Hypochondrie, Dendy's Philosophy of Mystery, Esquirol, and Forbes Winslow's Anatomy of Suicide. To these should be added a host of articles in medical, religious and spiritual journalism, and lastly an old book which adorns my shelves, and which has no equal on its peculiar subject—Sir Gilbert Blane's Medical Logic.

1. *Hysterical Coma.*—One of the most common manifestations of hysteria is this form of stupor. The patient lies as in a trance, their eyes may be either open or closed, their pupils usually responsive to the action of light, the muscular system either in a condition of paralytic repose, or else subjected to tonic spasm,

sometimes amounting to opisthotonos, almost always to trismus. Clonic spasms are not usual in this form. Sometimes the rigidity is very permanent, and in cases where the patient maintains any position, however painful, in which she may be placed, the disorder is, somewhat fancifully, removed from the category of hysteria, and classed as catalepsy. I have never met with a well developed catalepsy, though I have sometimes induced a patient to simulate its symptoms very accurately.

In order to express my idea of the mental condition which obtains in hysterical coma, I would premise that a *feeble will* is the predisposing or constitutional cause of the disease. For a fuller illustration I quote from an article I communicated to this journal in December, 1852:

" These conditions then are but different stages of the same action. Irritation is the prodrome of congestion. Chill is a symptom of congestion, and spasm is but a magnified chill.

" In the child, the principal office of the brain is to govern the motive power. It has not yet attained to its highest intellectual function.

" A child rarely has chill—in fact those causes which would suffice to cause chill only in the adult, will give us convulsion in the infant. Children are more subject to cerebral, than to spinal diseases. The child has not learned to use its muscles—the will has no control over them—there is a lack of that proper balance of power between the brain and spinal cord, which alone can insure an equality of action. In the adult, chill takes the place of convulsion because the brain has acquired such power as enables it by efforts of the will to controll those spasmodic actions to which the child must submit.

"Women are much more liable to convulsion than men. Their wills are not so strong. Many funny things have been said of "women's will," but the strength of their will lies in its very weakness. It is a fact worthy of notice, that rotundity of outline, and symmetry of figure are the children of the spinal system; while activity and strength of the cerebral functions pare down the rotundity, and sharpen the outline of the figure. Witness the shriveled limbs and sharpened faces of big-headed and precocious children. It is uncommon to find great beauty of person and strength of intellect in the same individual. Ever since Narcissus, bending beside the fountain, became enamoured of himself and changed into a daffodil, great beauties and great fools have been synonymous."

The immense importance of the will in the government of mental actions is very clearly set forth in the article, the authorship of which is referred to Dr. Carpenter. It is the master-faculty, and drives the other four-in-hand. Inasmuch as any sensory impression is immediately referred to the perception, and requires an effort of the will in order to recollect other similar perceptions, that it may be classified and compared with experience; it is evident that the will being absent, or concentrated upon any one "dominant idea," the spinal system is left to its own unguided functions. We have then only reflex action and our patient is for the time in the condition of a decapitated frog.

Now in the ordinary hystery characterized by chronic spasm, without unconsciousness, we have merely partial defects of the will, which is so far withdrawn that the spinal reflex system responds by convulsive action to impressions made upon it by some irritated nerve, most commonly located in the uterine system.

But in hysterical coma we have, beside this absence of will, possession of the mind by a "dominant idea;" which has a strong family likeness to the devils of scripture, who "possessed" so many in those times of religious enthusiasm. This dominant idea most ordinarily consists in a fixed belief on the part of the patient that she is entirely unable to move her limbs, to speak, or to swallow. This is not an intentional deception, save in exceptional cases; but, as happen in Electro-Biology and Mesmerism, the mind of the patient is very much under the control of those around. If they, too, believe in the inability to move, the patient acquires new strength in her absurd conviction. Under such circumstances I have seen a lady whose only organic disease was a slight ulceration of the os uteri, remain for thirty hours without speech or motion.

The treatment of this form is simple. The leading fact of which we may take advantage, is the substitution of our own for her volition. Many will recollect the positive assurances which Biologists use in controlling their "subjects"—"you *cannot* raise that handkerchief from the table!" said one of these itinerant lecturers. And the subject could not, merely because his mind was possessed by the belief that he could not.

To get rid of this dominant idea, to substitute for it another and more truthful one, is the task of the physician. A very learned and intelligent physician of my acquaintance has the following very practical and sensible mode of treatment. Whatever he has to say he says loudly and distinctly, in the presence of his apparently insensible patient. He assures the friends that there is no cause for alarm, that she will regain her senses without any medication, that it is not necessary to watch by her, and that, in fact, she will, if left alone and undisturbed during the night, be found to be much better, and quite sensible in the morning. And his prediction is sure to be verified if he can induce the friends to follow his directions. But usually they are too much alarmed to consent to such a system of neglect. Our friend then assures them that he can restore consciousness immediately if they wish it. A tub of cold water is placed beside the bed the patient's head and shoulders dragged over it, and liberally showered with water from a pitcher, dashed forcibly on her head, with occasional failures to hit the sinciput accurately, and a consequent deluge of the cold shower down her back, or into her bosom. This process is accompanied by loud and positive assertions that "she is coming out of it," that "ten minutes will bring her around right," and less than that time is always sufficient. The patient begins to feel "a little better," and the amendment is greeted by a more vigorous shower until at last the "dominant idea" is superseded by the very rational one that she is extremely cold and wet, and miserable. A return of the coma is prevented by the parting direction to shower her again if necessary. It is unnecessary to do more than to call to mind here that epidemic of hysteria in a German hospital, which was so suddenly checked by the instructions of the physician, *given in the presence of the patients*, to apply the actual cautery to the first person who showed convulsive symptoms. The red-hot iron became the "dominant idea."

In a case, occurring some years ago, where the coma and rigidity were so profound and immovable that I was inclined to consider it a dangerous cerebral disease, my anxiety was very much relieved by the involuntary, but ludicrously disgusted face, which attended a charitable attempt I made to spoon in a very nauseous cathartic through a hole left by an absent tooth. The shudder which ran over her was undoubtedly an unfeigned convulsion, and convinced me that she was at least sensible to impressions on the gustatory nerve. Yet this same patient had been bled and cupped without wincing. The clue afforded me by the occurrence narrated, led me to examine the rigidity; which I proved to exist only when she expected some one to touch her. She soon recovered under a different management; though she was liable to returns of the malady whenever any family jar occurred.

Now this condition was one of self-deception, and differs very little from the biological or mesmeric condition It can be produced artificially by the familiar means used by lecturers. It is a conceded physiological fact that if the eyes are directed upwards at some bright object, placed so near as to converge the axes of the eyes so much as to make them painful, a condition supervenes, the main characteristic of which is an abolition of the will, and a subjection of the subject's beliefs and actions to the violition of those around Mr. Braid, a surgeon of Manchester, England, has experimented largely upon this curious condition, and has added to it the legitimate means of medical treatment. The "passes" used by mesmerists are merely means of increasing the soothing monotony of the ocular direction, or, secondarily of fixing the attention of the "hypnotized" patient on any particular point, or organ. Thus, in a lady suffering from drying up of the lacteal secretion, Mr. Braid, by a few "passes" over the breast, restored the gland to a full and overcharged secretion of milk. This is not strange when we recollect how much the urinary, lachrymal, salivary, spermatic and other secretion are under the control of fixed attention, or dominant ideas. We may add that the Edinburgh Monthly Journal of Medical Sciences testifies to Mr. Braid's scientific character and credibility.

2. *Somnambulism.*—If we confine ourself to the narrow definition of this word included in the phrase "sleep-walking," we have no such symptom in hysteria. But the condition is so analogous as to be worthy of notice in this connection. During sleep the will is dormant. The trains of ideas which make up our dreams are derived from suggestions, over which the will has no control. The action of the mind is "automatic," each thought suggesting its succeeding thought. In this condition a dominant idea has power to govern the actions of the sleeper. Destitute of judgment to connect, or compare his experiences, he acts upon the suggestions afforded him. In this as in all cases where the body acts automatically, it has an increased precision of muscular movement, which enables him to accomplish acts which would be impossible to the unaided senses.

I have seen a case of epileptiform hysteria, (reported in this Journal in Dec., 1851, case 10.) in which the *petit mal*, or lesser form of epilepsy, seemed to be continued into a somnambulic condition. She would on these occasions, walk out of the house, like one in a trance, her eyes turned upward, and sometimes go a distance down the street, or into neighboring houses. During these trances she talked freely and sensibly, except at the moment of recovery, when she would become confused, and much distressed and surprised to find that she had made herself thus prominent. The condition was, in every respect, similar to somnambulism, and was but slightly different (if at all) from the mesmeric state. This patient had been subject to convulsions, called epileptic, and supposed to be incurable from childhood. They were frequent and violent. Whatever may have been the early cause of the disease, it was finally removed, apparently, by blistering her spine, which was somewhat tender. A local uterine difficulty had been previously remedied by appropriate means. More than three years have elapsed since I saw my patient, but I learn that her health continues good, and that she has been free from any convulsive seizures, with one or two exceptions two years since, attributable to mental anxiety.

Mental causes had much to do with this case. She had an extravagant faith in my ability to relieve her, (a fact which may be accounted for by the fact that she was then rapidly approaching to imbecility!) and I did not hesitate to promise very largely.

3. *Extreme Credulity.*—This is a common symptom of the disorder. It is one which may be said to constitute both the bane and antidote of hysterical treatment. Thus, it is the foolish belief in an inability to move the limbs which is the principal feature of those bed ridden hypochondriacs, who are the best of physicians. It does not always or generally amount to complete inability to move, but to a feeling of incapacity for labor, or exertion. Every person has this more or less; all feel their "Incompetent days." All physicians must have noticed how strong an influence the mental constitution, or in better words, the force of the will has upon that form of congestion called spinal irritation.

Some patients will endure, without abandonment of their daily avocations, a degree of spinal irritation absolutely wonderful; while another, with a really trivial form of the malady, succumbs entirely to the burdensome feeling of malaise; and wanders about from doctor to doctor, a very monomaniac for physic. That the condition of the mind is here the real point of attack for remedial measures, I hope to make evident my brief narrations of a few out of many cases.

Mr. D., a formerly robust and hard-laboring farmer, had been for two years unable to leave his house: and for much of that time under the care of physicians, and confined to his bed. He was peevish and irritable, but easily managed by his wife, who had complete control over him.* His symptoms were merely general complaints of debility. I could find no disease of any organ, and as he had previously been under every conceivable form of treatment, I told him I did not know what to do, and would therefore do nothing at all.

Some months had elapsed, when I was called to him in the night to check a profuse epistaxis caused by sitting over the fire all day. Finding that the hæmorrhage was not alarming, I declined to do anything to stop it, assigning reasons without number for my course: the principal of which was, that this was a "critical hæmorrhage," indicating an effort of nature to establish health. The nose bled moderately through the night, my patient looking upon each drop as a substraction of so much disease from his system. The next day I prescribed for him the Tinct. Ferri Muriatis, a positive assurance *that it would cure him*, and I even refused to admit a doubt as to its success. The result was very happy. He journeyed to his hog-pen in a day or two, then to his barn, and soon re-assumed the management of his farm, with its daily labors.

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*It is remarkable that in nearly, perhaps all, cases of mental derangement, from the slight form now under consideration to pronounced and violent insanity, some one person has a controlling influence over the unhappy mind of the patient.

I have known a family of four brothers; all of them men of strong muscular development, accompanied by a pliable and easily influenced moral character; who have none of them escaped from this form of hypochondria. One of them was cured after seven years of idleness by a fit of passion, which seemed to arouse his sleeping will; two others recovered by moral means; though one of them is still subject to periods of melancholy and depression, while the fourth has for some dozen or fifteen years maintained a comfortable illness, which he encourages by a large use of advertised nostrums.

Although we must confine the term hysteria, etymologically, to the female, it is often easy to recognise its principal characteristics in the male. The slightest local uterine disease which so often occasions convulsion and other nervous symptoms in the woman, has its counterpart in the infantile convulsion incident to teething, or irritant ingesta. Stokes mentions convulsions in the adult arising from gastric irritation, and I have known the most frightful convulsions to occur in an adult man, from the presence of irritating or indigestible food in the intestines. I cannot be mistaken in this, for the fits occurred with very many repetitions, in which I searched carefully for the cause, and which I unfailingly cut short by cathartics, or enemata. The crude ingesta were often discoverable in the stools.

It was from this case reported at length in this Journal for December, 1852, that I was led first to recognize fully the influence of the will over disturbed nervous action. I called this case epilepsy, because there was some laryngeal spasm, but, aside from that feature, it did not differ from hysteria. I will quote a brief passage, illustrative of the comparative strength of the will and physical forces.

"The case had now become pronounced. The small aberrations from muscular control which we have called *petit mal*, have magnified themselves into the *grand mal*. He has epilepsy from eccentric causes, and in a form of unusual severity. He knows no relief from pain so severe as to cause the most terrific outcry, save when he looses sensation in a convulsion equally terrible. It is no unusual thing for crude food to cause cramp, but why should this cramp extend to the voluntary muscles, until, gathering strength, it sweeps down all the barriers of mental control and consciousness? The answer is to be found in the fact of his strong spinal system and weak brain. An intellectual man of more feeble frame, would bear this pain without yielding up to any great extent his control over the voluntary muscles. This statement will find confirmation in the further history of the case.

"*Aug.* 31*st*. Vomited during the day quantities of undigested fruit with some relief. Movements of the bowels occurred and he was more easy though having occasional returns of convulsion till

"*Sept.* 1*st*. All the symptoms returned with increased violence. There was, in the character of the fits, some variations from true epilepsy. The *aura* was distinct in the shape of pain in the bowels, and sometimes prolonged for many minutes. Sometimes during the *aura* I sat by him exhorting him to fortitude under his sufferings, *and to efforts of the will to keep of the fits.* Sometimes ***by bringing all his resolution to bear, he was able to stave off the paroxysm***; but as the pain increased in intensity, he gave way, and found relief in the lethe of unconsciousness. For four or five days, at least one-half of his time was spent in convulsion, the other half in pain. Generally, after the fit there was heavy inspiration, and then delirium, during which he recollected the events of his fit, but saw them in a distorted light, manifesting the greatest antipathy to those who had held him on the bed, and much affright when those persons came into the room—the fright being sometimes sufficient to cause renewed convulsion. Afterward there was during the paroxysm a kind of of semiconsciousness, like that observed in hysterica—and this reminds me that his urine (which was removed entirely by the catheter) was very copious and limpid."

A brief mention of another case will suffice to complete the illustration of credulity as a feature of hysteria. In March, 1850, I was called to treat a Mrs. S., who for three years had been confined to her room or bed. I found that she had been intelligently treated by the physician who had preceded me for ulcerative abrasion of the os uteri. I found, also, that under that treatment she had very much improved as to local symptoms, but did not gain strength. Her local symptoms were again present, though with decreased severity. Assuming to make her case one of unusual study, I declined expressing any opinion as to the probability of her recovery, or of my ability to benefit her. After a few days of this non-committalism, I confidently assured her that her recovery was a matter of certainty. She did recover under a treatment directed entirely to the local disease, and so far as my information extended, differing in no essential particular from the management which had previously proved a failure.

It is the custom to ascribe these cases to Hope, but it is only through the re-invigoration of the will that hope can reach disease. The reputation attained by many water-cure establishments is owing to the liberal use of promises of cure, to the begetting of a faith, which, by rousing a feeble will, secures its own fulfilment. I am the more convinced of this, from the fact that I have known several cases of uterine disease to return from these places very much benefitted to bodily health. and able for the first time in years. in some instances, to perform their household duties: while the uterine disease remained *in statu quo;* unreached, and uncured: but happily existing almost unnoticed by the patient.

Like her who had for many years an issue of blood, and touched the hem of the Saviour's garment, their faith had made them whole.

4. *The Condition of Ecstacy*—Will be but briefly noticed as having but a narrow bearing on the treatment of disease. It generally exists as a form of hysteria depending upon religious excitement, and has its instances in every age and creed. Under its influence I have seen a feeble and foolish old woman rise, on the crowded floor of the great Mormon temple at Kirtland, Ohio, and speak with a force and eloquence of which she was entirely incompetent in her natural condition. It not unfrequently results in convulsions. The will is subject to a dominant idea The mind can act with clearness upon that one subject; though on all others it is imbecile. Reason is useless with these patients; they see miracles where none exist; and are unable to call in the aid of memory to compare their present, with their past experience. It is a fortunate fact that this condition usually exhausts itself; that the bodily exertion and mental activity which it provokes, finally brings about a period of sluggishness and repose, from which renewed health may date. If this does not happen, the dominant idea becomes fixed, and a monomania of a confirmed insanity is the result

The treatment in this disease, in any of its stages, is best found in the substitution of some other idea, and so removing the will from the chain which binds it.

5. *The Monomania for Deception.*—Although this article has been written with a freedom of expression not always prudent, and which I would not not be willing to use were I not now removed from all connection with those whose cases it describes, it is with a good deal of reluctance that I turn to this last feature of the mental symptom of hysteria. Few conditions of the human mind are so degrading as it; few can so excite the contempt and indifference of the physician; or the withdrawal of sympathy on the part of friends, as this strange manifestation.

Yet medical literature teems with cases of deceptions, cunningly conceived, and skilfully maintained; though to all appearance without motive or object to be gained. Prof. Hadley, of Buffalo Medical College, has in his possession a mass of common lime and sand mortar, which lady professed to have passed from her bladder through the urethra. It is globular, and about three inches in diameter, weighing between ond and two pornds. A physician of intelligence in a neighboring county removed a calculus from the female urethra by forceps and published the case as illustrative of the facility with which large calculi might be removed without the necessity of the knife. Very much to his mortification the calculus proved to be a common brook pebble.

These deceptions, though somewhat laughable, are generally sources of great annoyance to friends; and, not unfrequently, of family disturbances and broils. A patient of my own insisted that she was covered by bruises received from her husband's cruelty. On an examination I could find no vestige of the pummeling she claimed to have received. She then said that the skin had resumed its natural color, though it was still extremely sore. She walked a mile to my office, through a wet snow, to get medicine rendered necessary by an abortion she said had happened to her on the previous night One evening she declared her intention to commit suicide, an announcement which her husband received very quietly. She locked herself up in her bedroom, and, after much groaning, was heard to open the window, thus conveying the idea that she had gone off to commit the fatal deed. An hour after her husband found her snugly stored away under the bed where she had been all the time.

It would be tiresome to recount all the numberless deceptions which this woman played off upon her family. The rationale of her case was simple. She had a slight uterine disease, manifested by hæmorrhage and other discharges. She had convinced herself that she was very sick, a fact which her husband unwisely refused to admit. With the dominant idea that she was ill and neglected strongly impressed upon her mind, and overruling all sense of decency, right, or truth, she was in fact a monomaniac. The necessary treatment could only be partially enforced. She was, however, measurably consoled by syringe, and a saturnine solution; together with the assurance that the family should be duly impressed with a sense of her alarming condition. The husband, however, (not a little mulish himself.) looked upon it as a case of peculiarly obstinate will, rather than any want of it. He yielded somewhat to the representation made, and a truce, but not a final peace, was established.

I believe that the longing for sympathy, or the conviction of neglect, lies at the bottom of all these deceptions. The lamentable results which sometimes follow from this condition, not unfrequently ending in insanity, render its treatment a matter of peculiar interest. It is safe to assume that any positive contradiction of the dominant idea will only result in further evil. The patient is not able to reason. She actually sees everything in a distorted light, and the only prudent course is to change in a gentle manner the course of her ideas. The substitution of new faces and new scenes, and the inculcation of the idea that all around her sympathize with her sufferings, will best remove the motive for deception, and restore the even tenor of the mind.

The selection of my cases from females mostly, might induce the idea that I consider the gentler sex as *alone* liable to this form of mental aberration.

I could easily correct this impression by details of cases occurring in strong muscular men. Among them was one, who, at every visit I made him uttered bitter complaints of neglect and abuse on the part of his family, and he sometimes entertained the idea that I was also his enemy, or rather that I would allow him to die, that I might reap the benefit of a post-mortem examination of his body. Both suppositions were equally preposterous. I cleared myself from his suspicion, by pretending great anxiety about my bill in case of his death. He subsequently procured a quantity of laudanum, and declared to me his intention of committing suicide. I saw at once that the suicidal impulse originated in a wish to secure the sympathy of those around him, and that he might bring grief and disgrace on his family. I ridiculed him for his purpose, and assured him that he would be laughed at instead of pitied. He was at first very angry, and then very penitent.

A little more upon the peculiar causes of these conditions, and I shall close this long, and perhaps tedious, article.

Although both sexes are *liable* to hysterical delusions, yet it has always been a matter of note that females were more *frequently* the subject of them. A little examination of the causes which operate upon the different sexes will serve to explain this fact.

The generative system depends upon mental and moral causes for its activity. Like the secretion of tears, or the blush, it is entirely emotional in its causation. Necessarily it may react upon the moral senses. The mere fact that a blush has suffused the countenance, (however uncalled for.) is sufficient to produce a mental confusion which momentarily upsets the reasoning faculties, and renders its subject incompetent. So too, sexual irritations react upon the brain. The hypochrondria which attends involuntary seminal emissions is an instance of this reaction. Another is found in the common fact, that a person having gonorrhœa, is apt to be more alarmed and depressed in spirit, than if he were in a really dangerous condition from syphilis itself

The female has a larger extent of generative organism, of greater mobility, and subject to periodical activity. These circumstances, connected with her natural docility, and yielding or impressible character of will, render her peculiarly liable to the influence of dominant ideas; originating in those irritations, which, in either sex, are so apt to produce mental disturbances. The same facts, together with the presence of a spinal system predominating in activity over the brain, render her more subject to convulsive action. But where as often happens, the same relative conditions of will force, and spinal activity, obtain in the male, he is liable to conditions not differing in nervous, or mental character, from those of hysteria.

If, in this essay, I have wandered somewhat from the field of strictly medical inquiry into the difficult path of the relative influences of mind and matter, my apology must be found in the following quotations from Dr. Carpenter:

"In so far, then, as any part of the Nervous System merely reacts upon impressions which are made upon it we must regard its operations as *automatic*; and this as much when they give rise to Pschycical changes, as when they manifest themselves in evoking Muscular Movements, or in modifying the processes of Nutrition and Secretion.

"II. But the automatic actions of most parts of the Nervous System are subject, more or less completely, to the domination of the will, a power which is purely Pschycical, and of which we know nothing but what we learn from our own direct consciousness of its exercise. * * * * * * * * * * * * The functional disturbances of the Cerebrum induced by the irregular action of other parts of the Nervous System. is part of the Etiology of Insanity, which has been but very little attended to, but which deserves a careful study. Numerous examples of it are furnished by certain peculiar forms of disordered Mental action, which are connected with "hysterical" states of the female system, especially mutability and irritability of temper, and disposition to deceit; but we are probably also to refer to this cause, in part, at least, those very distressing states of mind which arise out of disorders in the sexual apparatus of the male, or even from irritation of neighboring parts."—Op. Cit.

BOOK NOTICES.

Observations on the Cause, Nature, and Treatment of Epidemic Cholera. By A. B. Palmer, M. D., and Professor of Anatomy in the University of Michigan. From the Author.

This is a monograph of 37 pages made up of extra sheets from the *Peninsular Journal of Medicine*, in which the matter originally appeared. The author discusses the general subject under three heads, viz:—the causes, essential and predisposing—the symptomatology and pathology—and the treatment.

Under the first head he gives a cursory but interesting review of the various theories and speculations which have been advanced by writers on this subject.

Several pages are devoted to a consideration of these hypotheses, the writer apparently satisfying himself fully that the cholera depends directly upon the existence and diffusion of a specific poison, *sui generis*, and everywhere identical. Whether such poison belongs to the vegetable, animal, or inorganic world, he does not inform us, but thinks its existence and action can be explained equally well on either of the general hypotheses which have been broached by eminent writers.

We have at present neither time nor space to enter upon a critical examination of this supposed specific cholera poison. We, however, believe *it* to be purely hypothetical, and the circumstances alleged as proof of its existence, for the most part, naked assumptions, as we shall on some future occasion attempt to show more at length. That part of the monograph relating to the predisposing causes of cholera is much more interesting and valuable. We fully agree with the following paragraph:

"But we proceed to a branch of the subject less doubtful in its nature, and more practical in its character, viz: The *predisposing cause* of cholera—or the circumstances and conditions, as it regards localities and persons, which favor the spread of the essential cholera cause, and render it more effectual and fatal. Whatever view may be taken respecting the nature, or even the existence of the specific poison it is certain that in order to give it potency and effect certain other conditions must exist These have been much dwelt upon, and their general features pretty well established in the opinion of the profession It should be confessed, however, that in particular cases, general rules have been set at defiance.—the facts, however, are sufficiently uniform to establish the general rules Briefly and generally stated, the localities most liable to its spread, other things being equal are low moist, and particularly filthy situations Warm climates and seasons rather more favorable than cold, and a densely populated region more then one scarcely settled. It is more liable to follow water courses and thoroughfares, partly because these are usually more low filthy, and densely populated and partly, we believe because the morbid matter is conveyed by intercommunication Still it takes general and sometimes particular causes in obedience to laws we do not understand In regard to classes of persons most liable to be attacked and to become its victims —the intemperate, the destitute, the filthy, the vicious, the enfeebled, the terrified, and the degraded, are immeasurably more subject to its ravages than those in opposite conditions "

As City Physician during one season, when the cholera prevailed to some extent in the city, Dr. Palmer had an excellent opportunity to observe the different degrees to which different classes of people, affected by different habits and circumstances, became subject to the disease And we are happy to find that his observations fully coincide with our own in relation to these points In reference to the influence of intoxicating or alcoholic drinks the Doctor makes the following judicious remarks which we particularly commend to the notice of professor

" It may be alleged that the exciting and stimulating effects of these drinks in moderate quantities may enable the system more effectually to resist a morbid influence and this might be true if the only effect of alcohol was stimulating and further if that stimulation could constantly be kept up at a uniform and proper point, but alcohol has other effects than stimulation, and as we have seen, of a deleterious character and that stimulation cannot be kept uniform. By the fixed laws of the vital economy all unnatural excitement is followed by a corresponding degree of depression, and the whole vital condition and movements of the spirit consumer are ever fluctuating and unsteady. If then the excitement would resist the morbid influence, the subsequent depression would favor the production of its effects Both reason and experience show that the belief in the preventive virtues of alcohol

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The directions given in reference to the treatment of the cholera, both prophylactic and curative, are in the main judicious and proper. Though the pamphlet before us contains little or nothing that is new on the subject of which it treats. yet it contains some facts of value, together with the practical experience of a reflecting and judicious physician, and is hence well worthy of perusal by the profession generally. D.

Lectures on the diseases of Infancy and Childhood. By CHAS. WEST, M.D., Fellow of the Royal College of Physicians, &c., &c. Second American, from the Second and Enlarged London edition. Philadelphia, Blanchard and Lea, 1854.

THIS work has been in the hands of the profession since 1848, and has been received, in America at least, with very much favor. The diseases of infancy are of that class, in the treatment of which, the young physician finds the greatest embarrassment. To older patients he can address himself directly by spoken language and receive positive answers to his questions, but the little sufferer can appeal for aid only by sounds and signs, to which no definite meaning has been affixed; the accuracy of the diagnosis must in many instances depend on the proper interpretation of a hundred little circumstances in reference, most of which individually there is room for doubt. It is for this reason perhaps, that the warm-hearted sympathetic physician watches over the little sufferer with an intense anxiety, less frequently experienced in the treatment of adult cases. It is also for this reason that works devoted to infantile pathology and therapeutics, have been received with especial favor by the profession.

Of the work of Dr. West, it is unnecessary for us to speak in detail. The only objection perhaps that can be brought against it is, the almost constant recommendation to deplete; but this is not peculiar to our author, almost all of our writers on the diseases of children, tell us to bleed and leech, and cup and blister, and purge and vomit, to a far greater extent than most judicious practitioners are willing to follow.

Dr. West recommends the application of Argent Nit. in solution, to the faauces and larynx in cases of croup. It will be remembered that this was first suggested by Dr. Horace Green, of N. York. Dr. G. has recently published a small pamphlet entitled "Remarks on Croup aud its treatment," in which his views are presented and his mode of treatment illustrated, by reports of cases.

There is a natural tendency on the part of discoverers, to attach to the results of their labors an [illegible] importance, and, we think it not improbable, that the value of Nitrate of Silver in the treatment of Croup and other affections of the throat and larynx, has been over estimated by Dr. G. It must be conceded however, that the profession are under lasting obligations to him, for calling their attention to a new use of this truly valuable agent of our Materia Medica. J.

For Sale by D. B. Cooke & Co., 138, Lake Street, Chicago.

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Pneumonia. Its supposed connection pathological and etiological, with autumnal fevers: including an inquiry into the existence and morbid agency of Malaria, by R. LaRoche, M.D., Member of the American Philosophical Society, &c., &c. Philadelphia, Blanchard & Lea, 1854.

This book is a valuable addition to the home literatare of our profession. We have not time or space in the present Number of the Journal, to do more than acknowledge its receipt, and give a synopsis of its table of contents.

In chapter first, the author discusses the belief so long entertained, that a relation does exist between the two classes of disease.

Chapters second, third and fourth, are devoted to a consideration of the question, as to the existence and morbid agency of Malaria.

In chapter fifth, Pneumonia and Autumal fevers are compared, in reference to their causes, mode of progression, symptoms, an tomical characters, and the circumstances by which they are influenced.

In chapter sixth. Pneumonia and Autumnal fevers are compared, in reference to the powers of acclimatization, ages. sexes, and races affected; and the prevalance of the two diseases at the same time, or in rapid succession, shown to be no proof of identity.

In chapter seventh. it is shown that Pneumonia and Autumnal fevers, although independent of each other as regards nature and cause, combine together and form like other complaints hybrid diseases, which must not be considered as peculiar forms of either.

This chapter completes the work At some future time we promise ourselves and our readers the pleasure of a review In the meantime. we must thank Dr. LaRoche in the name of the profession, for the very valuable service which he has rendered to our science in the work before us. J.

For Sale by D. B. Cooke & Co., 135, Lake Street, Chicago.

EDITORIAL.

Personal.

In the May Number of the Journal Prof Herrick announced that he had transferred his interest, as one of its Editors and Proprietors, to me. In formally assuming the duties and responsibilities of editorial life, I assume no new or untried relation. Neither am I so much a stranger to the patrons of the *North-Western Medical and Surgical Journal*, that any explanations or promises are required in relation to the future. The *Journal* from its commencement, has been under the charge of able and distinguished men. Any promises on my part to do better than they have done, would be presumptuous and unnecessary. I shall certainly do my best, in connection with my colleague Dr Johnson, not only to maintain the past reputation of the *Journal*, but also to enlarge and improve it, with the constantly advancing interests and wants of the profession in the North-West. One thing, however, I will unhesitatingly promise; from various causes, the last few numbers of the *Journal* have been issued considerably behind the date of publication, and we fear some of the subscribers did not get the May number until the last week in June. Commencing thus behind time it will take perhaps two numbers to catch up; but hereafter, the *Journal* will be issued more promptly during the first week in each month, or my Editorial connection with it will be very brief. It is our intention to make the *Journal* a valuable, if not indispensible aid to the practitioners of the North-West. In order to do this, we need contributions from practitioners in every section of the country.

Send us then, brethren, the results of your experience, and observations in reference to any and all the diseases that may come under your notice. Send us also accounts of the doings of your County and local Medical Societies. A good Monthly Medical Journal needs a great variety of matter for its pages. If it has many contributors, the variety is readily kept up; but it is hard to coin an unending supply out of one or two brains, and that too, in the midst of an unceasing round of professional duties.

Hoping for a more intimate acquaintance with the readers of the *Journal*, I remain their humble servant,

N. S. DAVIS.

The Seventh Anniversary of the American Medical Association, held at St. Louis, Mo., May 2nd—5th, 1854.

In the May Number of the Journal, we gave a condensed account of the business proceedings of the American Medical Association, at its recent meeting, but omitted all reference to the collateral doings and entertainments. In justice to the Profession of St. Louis, as well as to our own feelings, we recur to the subject again. To say that the Committee of Arrangements, the Profession of St Louis, and some of the most distinguished Citizens, spared no effort or expense to entertain the members of the Association, in a style betokening the most liberal hospitality, would be to speak entirely within the limits of truth. On the first evening of the Session, invitations were given to visit the residences of Ex-Mayor Kennet, and Drs. Moore, McPheeters, and Reyburn. At each of these places, almost every luxury was provided that could gratify the palate, or feast the senses, in addition to the highest degree of social enjoyment.

On the evening of the second day, the Association accepted the invitation to visit the princely residence of Col. O'Fallen, located about four miles from the central part of the city. A sufficient number of Omnibuses were provided by the Col. to take all his guests from the place of meeting to his residence. The ride was delightful, except a superabundance of dust, and the reception most cordial and pleasant. The residence occupies the top of a hill or bluff, and from the front overlooks the Mississippi, with a wide and beautiful landscape, while in the rear, is one of the most extensive lawns, decorated with flowers, evergreen shrubs, fruit trees, walks, &c., &c., which can be found in America. In the interior of the mansion, was everything that wealth and cultivated taste could procure.

Between 9 and 11 o'clock, P.M., the large company returned to the city. all apparently highly pleased with their ride, their reception, the entertainment, and above all with the generous host and patron of the profession, Col O'Fallen, himself.

On the the third and last evening, came the grand public entertainment provided by the Profession of St Louis, in the spacious Hall of the Mercantile Library building.

Here many hundred dollars had been spent in providing one of the most splendid entertainments ever given in America, and only equalled by the one given to the Association, in New York, the year previous. The Hall was splendidly decorated, with flowers, evergreens, and mottoes, and provided with an excellent band of music. The tables, in extent sufficient to seat between 500 and 600, were literally loaded with everything that man could wish to eat or drink; while the decorations were in keeping with all the rest The guests were admitted into the Hall about 8 o'clock, P.M., and the feast began. But here our description must end. Prof J. B. Johnson, of St Louis, presided, aided by the committee of arrangements. The seats at the tables were all filled, and the company seemed to enjoy, with the keenest relish, the rich repast before them.

The various *alcholic drinks* and segars, were provided in great abundance; and they were soon used freely throughout the Hall. A list of appropriate regular toasts had been provided for the occasion, and at the usual time they were read and responded to, by several of the most eminent members of the Profession. It is to be presumed that all these speeches were eloquent, truthful, and appropriate. We say *presumed*, because, though occupying a favorable position in the Hall, we really did not hear any of them with sufficient distinctness to know their merits. The President hammered the table, called to order, and entreated for silence, until he gave it up in despair.

Whoever spoke, was heard only by the few immediately around him. The confusion and noise were not owing to positive *drunkenness* and disorderly conduct; but of the 500 brains in the hall, so many of them were just enough under the peculiar exhileration of wine and tobacco, to make them *too* social, hilarious, and jovial to be listening to speeches, or to be very mindful of the strict rules of order and etiquette. It was what the *world* would call *a most glorious time* ; proving most conclusively that in generous hospitality and luxurious banqueting St. Louis can rival any of the cities of Christendom. To me, however, the occasion was neither joyful nor even pleasant. Seated where I could quietly overlook the whole assembly, and having no desire to disturb the functions of the stomach by taking a variety of food at that time in the evening, and still less desire to poison my blood and irritate my brain with alcoholic beverages, or stupify it with tobacco, I had little else to do but to philosophize on the scene before me. My reflections were much influenced by the question of a learned and abstemious Judge who sat by my side as an invited guest. Soon after we were seated, and while glancing over the splendid tables before us, he modestly inquired "how much better it would be if the money invested in that banquet had been invested as a permanent fund for the aid of widows and orphans of such medical men as are cut down while devotedly striving to stay the ravages of death in the midst of pestilence.." Yes, thought I, and how much more in accordance with the beautiful motto on the wall, "the union of the Profession for the Good of Humanity." As the banqueting went on, the smoke began to curl upward from the segars, the corks popped rapidly from the wine bottles, the President called in vain for "order," ideas of bacchanalian revelry accompanied by poor-houses filled with paupers, jails filled with criminals, orphan children asking for bread, and lone sad mothers waiting at midnight for return of inebriate husbands, all came crowding on my mind, and the question whether the company before me whose professed mission was to apply all the revelations of science and the accumulated wisdom of ages to the alleviation of human suffering, was not really setting an example calculated most powerfully to encourage and sustain one of the most direful evils that ever scourged the human race, cast a shade of sadness over the mind. But aside from all reflections and reveries, is such a banquet becoming, either the dignity, the simplicity, or the scientific character of the profession? We think not; and we are sure the great mass of the profession agree with us in regard to the matter. In what we have said we cast not a word of censure on the profession of St. Louis. They only followed the example of older men in older and larger cities. But the time has come to stop. The unanimous adoption of Prof. Gross' resolution in reference to the subject, together with the well known ability and liberality of the profession in Philadelphia leaves them entirely free to set a better example at the next meeting.

Perhaps the most pleasant (in some respects) of all the items of entertainment given at St. Louis, was that furnished by the Pacific Railroad Company. The Company had extended an invitation to the Association, to make a trip over their road from St. Louis to its present western terminus, a distance of about 40 miles. This invitation was accepted and the time fixed for Friday morning, after the business of the Association had been completed At the appointed time a considerable number of Delegates, accompanied by a very agreeable company of ladies, chiefly the wives and daughters of members, were conveyed to the depot and seated in a very neat and beautiful train of cars. The route passed through a very variable section of country, passing from fields under high cultivation to scenery the most wild and romantic. The day was pleasant, the company good, the ladies especially more agreeable than ever, and the attentions of the Railroadmen all that could be desired. A very nice collation was given us at the end of the route by the Railroad Company. Here a few excellent speeches were made, and all were returned to the city safely. The Pacific Railroad Company will certainly be remembered with pleasure by all who joined in the Excursion. D.

Semi-Annual Meeting of the Æsculapian Society.

MARSHALL. Illinois, May 31st, 1854.

THE semi-annual meeting of the Æsculapian Society took place to-day. The assembly being called to order, it was found that the Secretary was absent, when Dr. S. W. THOMPSON was elected Secretary *pro tem.* Two of the Censors not being present, Drs. J.

D. MITCHELL and S. W. THOMPSON were selected to fill the vacancy.

The following named gentlemen were then reported as applicants for membership:

Drs. York. Davis, McClure, Tenbrook, Churchill, Pool, Hartman; McCord, Holmes and Maxwell; and after receiving the sanction of the Censors. were unanimously elected.

The Committee on the revision of the constitution not being able to report, the following were designated to fill their places:

Drs. York, Tenbrook, McClure, and Davis.

The reading of Essays and Reports being next in order, Dr H. F. R. Payne read as an essay on the Use of Opium. Dr. S W. Thompson presented an essay on the nature of Milk Sickness, which gave rise to some discussion. Dr. Duncan read an essay on Dropsy; after which, the President, Dr. Johnson, addressed the meeting on the subject of Empiricism.

The Society then adjourned to meet at 7½ o'clock, P. M., in the Congregational Church.

In the evening a large audience assembled in the church, where they listened attentively to an address by Dr. Payne. The speaker had chosen for his subject, the "Nature and Character of the True Physician," which he ably discussed.

MORNING SESSION.

JUNE 1st. The minutes of the previous day were read and adopted

Reports of cases being called for, Dr. J. D Mitchell, read a case of Disease of the Heart, with Autopsy Dr. F. R. Payne reported a case of Hepatic Abscess. Dr. S. W. Thompson submitted a report of a case of Opthalmia, with suppuration in the globe of the eye.

On motion it was ordered that the essays and reports of cases, be placed in the hands of the secretary, and forwarded for publication.

The case of Dr. I. A. Powell, who was charged with violating articles XIII and XIV of Medical Ethics, was then taken into consideration: and on motion of Dr Thompson, the said Powell was unanimously declared *expelled* from this Society.

On motion, *Resolved*, That a Committee of six members be appointed to report at the next meeting the most feasible plan for the suppression of Quackery; and whether it is expedient to legislate on the manufacture and vending of nostrums and quack medicines.

Drs. F. R Payne, Churchill, Pool, Johnson, Mitchell and Davis, were elected such committee.

A committee of seven was then appointed to canvass the subject of Medical Science, and to endeavor to elevate the standard of the medical profession in their several localities.

The following gentlemen constitute this committee: Drs. F R. Payne, Johnson, York, Logan Maxwell, Thompson, and Mitchell.

On motion, a committee of three were appointed to solicit a copy of Dr. F. R. Payne's address for publication and, if published the committee was instructed to furnish each member of the society with a copy of the same.

On motion, *Resolved*, That the proceedings of this Society be published in the Marshall, Paris, Charleston, Vincennes, and Mount Carmel papers and North Western Medical and Surgical Journal.

Drs. Davis, McClure, Mitchell and McCord were appointed to read Essays: and Dr. York to deliver a public address, at the next meeting to be held in Paris on the 3d Wednesday in October next.

CHARLES JOHNSTON, M. D., President.

S. W. THOMPSON, M. D, Secretary.

* * *

Thirteenth District Medical Society, Indiana.

DEAR SIR: I thought it my duty to drop a few lines to you, to let you know that we are still punctual in holding our Medical Meetings first Monday of May every year.

The Thirteenth Medical District Society of Indiana, which is the oldest and one among the most respectable societies in the State, held their 24th annual Meeting in New Castle, Indiana, May 1st, 1854; and being the time of holding their election, a revision of the former bill of prices was adopted, with an addition of twelve per cent. The bill of prices occupied nearly the entire meeting.

Dr. J W. Lynch, a graduate of Rush Medical College, was admitted a member, after which the following officers were elected for the ensuing year, viz:

President—JOHN C. BECK, M D.
Secretary—JOHN W. LYNCH, M. D.
Treasurer—DR. JOHN PARR.
Censors—A. JACKSON BATSON, M. D., DR. JAS. BECK, JOEL REED, M. D.

This Society is in a flourishing condition and bids fair to have a long and prosperous life. Good luck to our *Alumni*.

JAMES BECK, M. D.

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Progress and Character of Cholera.

IN another part of this number of the Journal, will be found some account of the cholera, so far as it has prevailed in this city up to June 13th, 1854. We have only to add that since that time and up to the present date, June 28th, the prevalence of the disease has not increased.

As near as we can ascertain both from observation and inquiry, the disease first made its appearance in the city during the last week in April. Isolated cases continued to occur from that time to the first of June. From the 9th inst to the present time an average of 4 or 5 deaths per day have occurred from this disease. One half of these have been *immigrants* just arrived from the Atlantic; and nearly all of the other half have been from that class of foreign born laborers who live in the worst possible style and make free use of beer, whisky and brandy. We have heard of only two or three deaths amongst our American citizens, from cholera, during the present year. Keeping in view the fact that we have a population of about 70.000, it will be seen that the number of cases have been comparatively very few, and it is evident that the disease has not assumed anything like an *epidemic form;* although many of those which have occurred have been as severe and rapidly fatal as in any former year.

During the last week, a less number of cases of well marked cholera have come under our own observation, and a larger number of attacks of Remittent Fever, and symptoms of intermittents mingled with serious diarrhœas. In such cases the Quinine has not only produced its usual curative influence over the febrile diseases, but when combined with Opium, and sparingly with Mercurials. it has also promptly removed the diarrhœa.

We hear that cases of cholera have occurred at Lasalle and Joliet, and at most of the important towns on the Illinois and Mississippi rivers Some of the reports that we hear, like those which go out in reference to this city, are doubtless exaggerated and some perhaps wholly untrue. We cannot learn that the disease has at any point in the great interior valley of the continent, assumed so far this season. that rapidly spreading epidemic form, which has characterized it during some former years. It has pursued more the course of an ordinary endemic disease of the country; and here in Chicago. it has certainly been more intermingled with the ordinary periodical fevers than formerly. These things lead us to hope that it will. at no time this season, become a sweeping pestilence. But we know not what a day may bring forth. Among the sequale or results of cholera attacks, we have noticed this season, several cases of severe affection of the urinary organs. In two of my own patients, who had suffered pretty decided attacks of cholera, very severe nephralgia occurred in from one to two weeks after, and accompanied by the presence of crystals of Oxalate of Lime in the urine.

In another case, to which I was called in consultation, the attack of cholera was evidently followed during the first week. by inflammation involving both the kidneys and neck of the bladder. There was first retention of urine with great pain in the region of the pubes and kidneys. After the urine had been drawn off by the Catheter several days, it began to pass involuntary. The day or two before I saw the patient, she had a distinct chill which was regarded as an Ague chill. It was soon followed, however, by the appearance of much blood in the urine, and a sediment after standing, of muco purulent matter. The patient has become extremely feeble and still passes the urine involuntari y, occasioning much irritation of the external parts.

Another case which came under my notice recently, was that of a young man attacked with cholera 8 or 10 weeks since. The cholera attack he says was followed by a few days of secondary fever. When this subsided he had. for one or two days, a very *copious* flow of urine. This was followed by pain in the back and neck of the bladder, with disposition to urinate often, and frequent paroxysms of excruciating pain in the end of the penis, but with no more than the natural quantity of urine in the 24 hours. The urine also became mixed with blood and mucous. All these symptoms have continued with more or less severity up to this time. We now find the urine containing much albumen with some muco-purulent matter. These cases are still under treatment and observation, the results of which will be given hereafter.

D.

Editorial Change.

We are happy to notice that our esteemed friend, Dr. A. B. PALMER of this city, has become associated with Dr. ANDREWS in the editorial management of the *Peninsular Medical Journal*, published at Ann Arbor Mich. The editorial chair is one of unceasing labor. and we hope our friend will never weary in well doing. We are sure the cause of both science and education will find in him a faithful advocate.

EXPLANATION OF PLATE I.

All the figures in this plate are magnified six hundred and twenty diameters.

Figure 1. Natural appearance of the blood corpuscles of a healthy pigeon Some are seen edgewise.

Fig. 2. Blood treated with a solution of iodine 10 grs., potass iodide 30 grs., aquæ, 13. The globules are nearly natural, though a little more round, and the color is brought out.

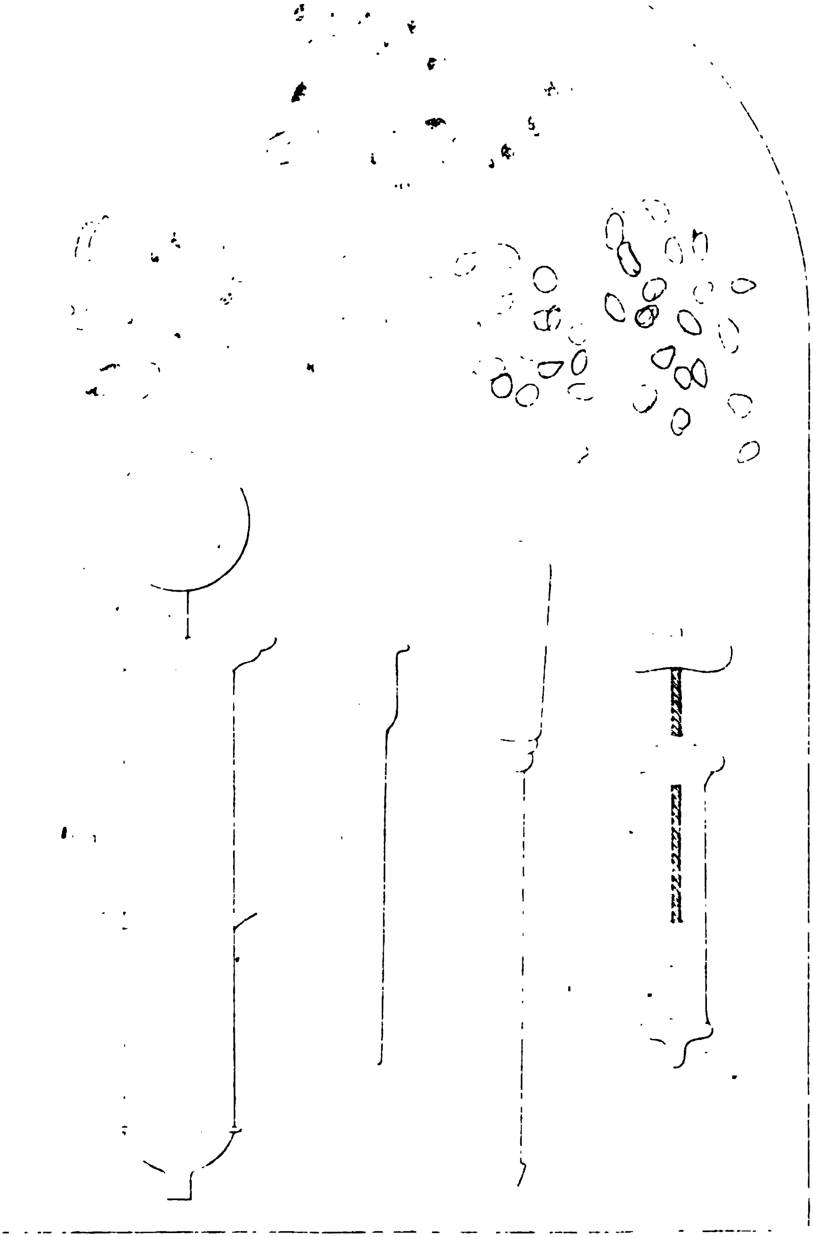
Fig. 3. Blood on which a little infusion woorara was dropped, and at the same time some of the solution of iodine and iodide potass. Some of the globules appear preserved, though they are very much reduced in quantity, the debris of the corpuscles being the small spots, appearing like nuclei.

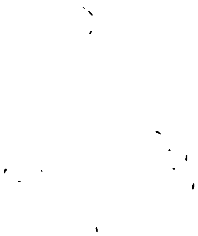
Fig. 4. Blood treated with a solution of woorara.

Fig. 5. Blood taken half an hour after death, from the pectoral muscle of a pigeon which had been injected with eight drops of a solution of woorara—taken from the side opposite to that injected.

Fig. 6. Blood taken from the heart of a pigeon which died in five minutes after woorara was injected. The corpuscles have all lost their natural shape, and have a tendency to run into one another.

Fig. 7. Blood taken from the medulla oblongata of a pigeon two hours after he died from an injection of eighteen drops of a solution of woorara.





EXPLANATION OF PLATE II.

Magnified six hundred and twenty diameters.

FIGURE 1. Frog's blood treated with solution of woorara. Globules not all taken from one field as they were broken down.

FIG. 2. Blood from head of pigeon dead from bite of rattlesnake, taken fifteen hours after death

FIG. 3. Pigeons' blood to which the venom of a rattlesnake had been added

FIG. 4. Syringe for infiltration—natural size.

FIG. 5. Syringe for measuring the poison by drops—natural size.

FIG. 6. Canula of trochar to which the two syringes are adapted—natural size.

FIG. 7. Stylet of trochar—natural size.

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. III. AUGUST, 1854. NO. 8.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*On the Treatment of Poisoned Wounds, by the Application of Cupping Glasses and the Sub-Cutaneous Infiltration of Solutions of Iodine*—By DANIEL BRAINARD, M. D., Prof. of Surgery in the Medical College at Chicago, Corresponding Member of the Societe de Chirurgie de Paris, etc., etc. (Being the Annual Address before the State Medical Society of Illinois, delivered June 4th, 1854, on leaving the chair as president of the society.)

GENTLEMEN OF THE SOCIETY,—

It is customary, on occasions like the present, to select as a topic for discourse some subject connected with the general interests of the profession, such as its history, its wants, its claims, or its duties. I hope to be pardoned for departing in some degree from this practice, and presenting before you a simple essay on a surgical subject. The reason for adopting this course is, a firm conviction that the first want, and greatest interest of the medical profession, is the improvement of medical science, and because I have made poisoned wounds, to which your attention is asked to-day, the subject of especial study, and entertain views concerning their treatment, which I believe to be both new and important.

The class of poisons to be considered is that, denominated by Orfila, septic, or putrid poisons. It embraces, among other substances, the venom of serpents, the woorara or American poison used on arrows, putrid animal matter, as that inoculated in dissecting wounds, etc.

These substances possess the property, in common, of being inocuous, or little active when taken into the stomach; but causing the tissues to run rapidly into gangrene when they are placed on the surface of recent wounds, and of being more rapidly fatal when thrown into the blood vessels.

Christison and other toxicologists have not admitted the existence of septic poisons, but I think no one accustomed to witness the effects of the venom of serpents on a wound, could doubt the propriety of admitting such a division.

All rational views of the treatment of poisoning, date from the period when poisons were found to exist physically in the different organs of the body, and exert their influence on the solids and fluids by virtue of their peculiar properties. This discovery is due, mainly, to Orfila, and it is upon it that the practice is founded of using such means of treatment as are capable of neutralizing or diluting the poison, or causing it to be eliminated from the system in the excretions. In the case of mineral and vegetable poisons, chemical antidotes are useful, but in a limited degree, and only when the substance to be neutralized is still retained in the stomach. As soon as it has been absorbed, dilution and elimination are the only means of obviating its dangerous effects.

With regard to animal poisons, neither neutralization by chemical agents, nor dilution, nor elimination, has hitherto been successfully attempted. The means resorted to at the present time, are the excision or destruction, by caustic, of the part on which the poison has been inoculated, and the use of such means as are supposed to be capable of counteracting its effects.

My object in this address is, to show that the venom of serpents and the woorara may be neutralized after being introduced into the tissues; to show the manner in which this may be effected, and to prove the efficiency of the treatment by experiment before you.

Before proceeding to speak of this treatment, it may not be without use to cast a glance at some of the means reputed to possess efficiency against the bite of serpents, in order to show how slight are their claims to confidence.

Washing and sucking the wound, inasmuch as they have a tendency to remove the venom from its surface, are to some extent serviceable. Yet Fontana found them insufficient to prevent death, in birds bitten by the viper, (Traite sur le Venin de laVipere etc. Florence, 1771, vol. 1, p. 106). Sugar and common salt, mentioned by Humboldt as the antidotes to the woorara used by the natives of South America, are without any effect, as Magendie has shown by experiment.

The strong mineral acids and aqua ammonia did not, in the experiments of Fontana, prevent the action of the venom of the viper when mixed with it before inoculation. Making incisions about the wound was found by Fontana to hasten death, after the bite of the viper. Nitrate of silver mixed with a solution of woorara, does not prevent its fatal effects. Mixing the venom of serpents, or the woorara, with alcohol or oil of turpentine, preserves them, and makes them more active than when they are mixed with water. In cases where excision of the part, or its destruction by caustic, or the actual cautery have been resorted to, the result has usually been fatal. The use of cups upon the part, and ligatures about the member, are the only means known, whose efficiency against the venom of serpents has been proved by experiment.

Their beneficial action results from their power of retarding absorption, thus causing the poison to enter the circulation slowly. Pennock has shown that this is not produced by the removal of the pressure of the atmosphere, as Barry supposed, but by the pressure of the edge of the cup, which interrupts the circulation in the vessels of the part *

Alcohol taken to intoxication has at the present time the reputation of counteracting the effects of the venom of several species of serpents. The evidence in its favor is scarcely sufficient to justify the confidence reposed in it, as the following facts will show :

1. When mixed with alcohol the venom is rapidly fatal, if inoculated.

2 Alcohol injected into the tissues, or introduced into the stomach of birds, or of small animals which have been bitten,

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* American Journal of the Medical Science, vol. ii, 1828.

hastens death. This circumstance is not conclusive, as alcohol is of itself a poison for them.

3. Persons bitten by rattle-snakes when in a state of intoxication by alcohol are not, on that account, secure. I have authentic information of four cases in which the bite of that snake proved rapidly fatal on intoxicated persons. Another may be found related in the American Journal of the Medical Sciences, Vol, 8, 1831.

As not more than one in ten of the wounds made by the most venomous serpents proves fatal, a case of failure of a remedy is sufficient to counterbalance many cases of its success.

As the woorara is one of the poisons with which I have experimented, and the one which I propose to use to-day, it may be well, before going further, to say a few words on the subject of the nature of this substance. As usually met with, the kind which is brought from South America is contained in small gourds over the internal surface of which it is spread. On being detached it presents a dark color, has a resinous fracture, a bitter taste, is readily mixed with water, but imperfectly dissolved by it. Its appearance is the same when mixed with alcohol; but both these fluids dissolve the active principle of it. The solution is neither acid nor alkaline. If the quantity of water used be small, the mixture has a ropy, tenacious consistence. The solution is coagulated by the nitrate of silver, and by the solution of iodine and iodide of potash in distilled water, and, when treated with the latter solution, neither the part coagulated nor the fluid expressed from it retains its poisonous quality: It does not effervesce with acids. Its aqueous solution is not coagulated by heat, and boiling does not impair its activity.

The active principle has generally been considered as analagous to strychnine,* and Pereira states that the strychnos toxifera yields the basis of it.

Nearly all recent authors have copied the account of its manufacture given by Humboldt,† who enters into detail, and says it is made from the bark of the root of a species of *liane*, called by the natives of the banks of the Amazon, Bejuco de Mavacure.

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* Element of Materia Medica, Vol. II., p. 364.

† Voyage to the Equinoxial Region of of the New Continent, Vol. II., p. 547 to 556.

"The chemical analysis of the woorara has been performed by Boussingault and Roulin, (Annales de Chimie, Sept. 1828,) who found in it a bitter principle, *very different from the strychnia* acetic acid, gum, red coloring matter, salts, etc.*

De la Condamine states that it is an extract made by heat from the juice of divers plants, about thirty in number, and that the *liane* is one of them.

Such was the state of our knowledge on this subject, when in 1850 Messrs. Pelouze and Bernard read a note at the Academy of Sciences on the subject.

Mr. Goudot, who furnished them with a specimen of the poison, confirms in general the account of Humboldt, as to the manner of its preparation from the juice of the *liane;* but he adds the important statement that "before the extract is quite dry they drop into it some drops of the venom of serpents collected from the vesicles of the most venomous species." Messrs. Pelouze and Bernard conclude that "the woorara acts upon animals in the manner of a venom."‡

From the discrepancy of these different accounts, it might be inferred that the various poisons prepared by the Indians of the Amazon and the Orinoco differ essentially in their properties; and Humboldt states that such is the case. There are, however, two facts stated by Humboldt himself which go to favor the opinion of Bernard and Pelouze. The first is that the juice of the *liane* before concentration is inocuous. The other is that "the Indians who have been wounded by poisoned arrows in war described to us the symptoms as entirely like those which are observed from the bite of serpents."

It is not probable that a juice from which a poison of such extraordinary activity is manufactured would be itself without power; and it is impossible to confound the effects of strychnia and those of the venom of serpents when applied to a wound on the human subject. For myself, having made more than a hundred experiments with the woorara, I entertain but little doubt that the active principle of the specimens which I have made use of is the poison of serpents preserved in extractive and gummy matter. Those specimens were two. The first I believe to be a part of the same as that furnished to Messrs. Bernard and Pelouze by M. Goudot, as it was procured for Dr. J. W. Green and myself from M. Flourens at the Garden of Plants, by the Prince Charles Bonaparte. The other, which came from the Amazon, was furnished me by Dr. David Green, of New York. Their appearance and action were identical in every respect.

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* Dict. de Medicine, Tome IX., p. 483.

‡ Comptes Rendus de l'Academie des Sciences Seance Du, October 14, 1850.

My reasons for believing its active principle to be the venom of serpents are these:

1. Its effects on birds and animals are strikingly like those preduced by the venom of the rattlesnake; and in many cases no difference can be perceived between them.

2. These effects are entirely unlike those produced by the vegetable alkaloids.

3. Iodine neutralizes it as it does the venom of serpents, but has no such effect on vegetable alkaloids.

4. It is, like the venom of serpents, innocuous when taken into the stomach, except, perhaps, when used in very large quantities, or in circumstances very peculiar. This is not the case with any known vegetable poison.

5. It is well known that the poison used by the *North* American Indians for their arrows is that of the rattlesnake. I have learned this from such varied sources as not to leave any doubt on the subject. My inquiries have related to the Indians of California, New Mexico, and Texas, and been directed to medical officers of the army and intelligent travellers. The answers have never varied. The art of poisoning weapons is no longer a secret among them, but is often employed by those whites who adopt their customs. Dr. George Johnson, of St. Louis, who has traveled extensively on the Rio Grande, gave most accurate and valuable information concerning the habits of several Indian tribes in this respect. He states that there is a variety of rattlesnake on the Rio Grande, whose poison vesicle is much developed, and

forms a prominent projection. This species is much sought for, on account of the quantity of virus contained in the sac.

I am, therefore, justified in stating that the poison used for arrows is, *in some instances*, the virus of serpents. There is great reason for believing that the process of preparing it is, as far as possible, kept a secret, except in what relates to the preparation of the juice of the plants destined to serve as a vehicle for the preservation of the venom.

If I am mistaken in this point, and the woorara should be found to contain some poisonous vegetable principle hitherto unknown, it will not invalidate my conclusion in regard to the effect of iodine upon it. It would only extend the application of this substance to the treatment of two kinds of poisoned wounds instead of restricting it to but one.

Having disposed of this point, I come now to the method of treatment which I propose for wounds poisoned by the woorara.

1st. It consists in the application of cups upon the part, or of ligatures around the member wounded, so as to arrest absorption.

2d. In injecting or infiltrating into the subcutaneous tissue the solution used as antidote.

The cups should be applied for a short time before the infiltration is employed, so as to fill the tissues with fluids, and prevent the injected liquid from producing abscess by mechanical injury. They should be allowed to remain on from five to ten minutes after the infiltration has been effected, in order to allow time for the antidote to come in contact with the poison before the latter has entered the circulation. In case much swelling and effusion have taken place before treatment can be applied, the application of cups would be unnecessary, as the fluid injected would in that case pass freely through the tissues without it. The strength of the solution should depend on the state of the parts, and the extent to which it is desired to disseminate it in the tissues. For a recent wound ten grains of iodine, and thrice that quantity of iodide of potassium to the ounce of distilled water should be employed. It should be put upon the wound, and the tissues filled with it for an inch around. When the swelling is already extensive, one-half or one-fourth the above strength will suffice; and the solution should, in that case, be disseminated as extensively as possible through the part affected, by introducing it, if necessary, at several different points. In a recent case I would advise one drachm of the solution to be injected.

In order to perform the injection or the infiltration perfectly, it is requisite to have cups to fit the inequalities of surface of the different parts of the trunk and members. Although ligatures can be made to arrest the circulation, and consequently the absorption, and fill the tissues with fluids, they do this less rapidly and less perfectly than cupping glasses. To perform the infiltration, small trochars like the exploring trochar are required, or they may be made still finer, (see plate 2, fig. 5 and 6). To the canula of the trochar a small syringe, like that called Anel's, should be adapted. (Plate 2, fig 4.) After the trochar has been introduced, and the stylet withdrawn, the syringe should be adapted to the canula; while the injection is gently pressed in, the cupping glass should be gradually exhausted. This is the method I advise on the human subject. When it is desired to employ it for experiment, a small syringe, the piston of which moves with a screw of which half a turn presses out a drop, and of which the point is also adapted to the canula, should be employed to insert the poison in the tissues. (See plate 2, fig. 7.)

I was led to the belief that iodine is the proper application to the snake bite, by experiment. Selecting salts which had not been used by others, I found the selection I have recommended, to be the only one which prevented the fatal effects of the poison, without producing an eschar. The solution of the iodide of potassium alone, has no effect as an antidote.

I am aware that the infiltration of the solution into the tissues is the part of the treatment which will be longest in receiving the assent of physicians, and the most difficult to introduce into general practice. Nevertheless, it is easy to understand, a priori, the reason and the necessity for so doing. In order to neutralize a poison once introduced into the system, it is essential that the antidote should be also introduced, and placed there where the poison exists, and in contact with it. Now, in case of an inoculated poison, any application which is confined to the external surface of the skin, is necessarily insufficient, as it cannot pass through the cuticle. Antidotes taken internally cannot reach the poison in more than the slightest quantities. If they pass into the circulation, they are quickly eliminated by the kidneys. In inoculated poisoning, the antidote can only be successfully applied by inoculation, or, what is the same thing on a large scale, infiltration. Experiment proves this to be true. A quantity of the venom of serpents, or of woorara, once introduced under the skin, neither medicines swallowed, nor those applied externally, will prevent the death of the animal, unless these latter are caustics and instantly destroy the part. But the introduction of the antidote into the tissues is capable of neutralizing it. It happens fortunately, in this instance, that the antidote is a substance whose effects, when introduced into the tissues of the human subject, are well known not to be injurious. The chemical relations of iodine are similar to those of chlorine, but its actions are slower and less energetic, and it is probably from these that it derives its virtues as an antidote to septic poisons. It is certain that it prevents the discoloration and gangrene, which are always noticed on the surface of poisoned wounds when left to themselves.

My experiments were commenced with the venom of the rattlesnake, and made principally on pigeons, dogs and cats. Birds die from it much sooner than quadrupeds, and are therefore much more difficult to save by treatment. The way of using the serpent is, to have it confined in a groove, with only his head projecting. Denude the breast of the pigeon of its feathers, and when the fangs are raised in anger, press it against them. I prefer this method to that of extracting the venom and inoculating it, for two reasons:

1. The poison, when extracted, is uncertain in its operation, being often composed in part of saliva, and sometimes wholly of that fluid. Fontana constantly found that the wounds made by inoculating the venom were less fatal than the bite of the viper.

2. The bite is the wound we are called upon to treat, and is placed in circumstances less favorable than a wound by inoculation.

Of the pigeons thus bitten, and treated by iodine in the manner I have described, not more than one half die, and these are cases where it is impossible to bring the antidote in contact with the venom in time to prevent its action

The serpent which I employed was the species called crotolophorus tergeminus, or prairie rattlesnake, and I have at the present time performed fifty experiments with the iodine on its bite.*

My experiments with the woorara were conducted in the following manner:

1. In order to test the strength of the poison, six drops of a solution, containing one fifth of a grain of woorara, was thrown under the skin of a pigeon.—It died in five minutes.

2. I mixed the same quantity with twenty drops of a solution of iodine, of the same strength before given, and injected it under the skin of a pigeon.— No symptom of poisoning.

3. Threw the same quantity under the skin of a pigeon, and applied a cup lightly over the point, twenty drops of the solution of iodine were injected through the same canula.- No effect.

4. Covered a deep wound in the muscles of a pigeon with a paste of woorara, in a few drops of water.— Bird died in five minutes.

5. Same experiment.— After the application of the paste the wound was washed with the solution of iodine.— No effect produced.†

These experiments have been repeated by myself alone, and in connection with others, over one hundred times, with the same results; and I feel confident, therefore, that their accuracy cannot be called in question, and that in regard to the woorara, it is quite safe to affirm that the solution of iodine neutralizes its action.

In making this statement, I would by no means be understood as asserting that it is so in all circumstances and in all proportions. The circumstances which prevent its being so are, the introduction of the poison in such a situation that the solution cannot reach it, or so directly into the circulation that it has not time to act upon it. In most cases of wound neither of these conditions is likely to occur.

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* For a fuller account of these experiments, the reader may consult the annexed paper on the subject.

† These experiments were repeated before the society with the results here stated.—A. H. JOHNSON, Secretary.

According to the experiments which I have made, for the purpose of determining the proportion of iodine required to neutralize the poison. it appears that ⅓ gr. of woorara in solution is perfectly neutralized by ⅛ gr. of iodine and ⅜ gr. of iodide of potassium also in solution. When the proportion of the antidote was smaller death was prevented. but the effects were severe.

It will be seen that in regard to the woorara, no possible doubt of the neutralizing power of iodine employed in the manner indicated. can exist. Although in a purely practical point of view, this knowledge might suffice, yet it is by no means sufficient to satisfy the inquiring mind, or the demands of science. It is necessary further to ask—

a. In what manner does the poison produce its fatal effects?

b. In what manner does iodine prevent them?

a. The inquiry as to the *modus operandi* of medicinal and toxical substances has generally been regarded as chimerical, at least, if carried further than to assert that they act by being received into the circulation, by producing a sedative effect, by increasing the irritability, etc. Now, however valuable may be the knowledge that a poison cannot act without entering the circulation, this fact in itself does not in the slightest degree enable us to understand in what manner it produces its effects. The other explanations offered are, in general, still less satisfactory.

In regard to the venom of serpents and the woorara, attempts will be made to explain their action in a greater degree. These two poisons produce death in a similar manner, and by two kinds of action.

1. By changing the form of the blood globules.

2. By a local action on the tissues and fluids of the part which extends itself by proximity.

1. As an illustration of the former method, we may take the experiment of injecting the poison into the blood vessels. If a certain quantity of either of the substances in question be thrown into the current of the circulation, a period of time will elapse

sufficient for it to reach the great nervous centres. At this moment the animal dies instantly; as quickly as if the medulla oblongata had been removed, and apparently in the same manner. The respiration, sensation, and voluntary motion, are abolished. The action of the heart continues in some cases for a long time.

If, after death from their effects, we take blood from different parts of the body, (if it be a frog or pigeon that has been employed) and subject its globules to a careful examination with a microscope of accurate defining power, and capable of magnifying 640 diameters, it will be found that they are altered in form, indented on the edges, the capsule appearing to be partially detached from the nucleus. Those taken from the heart and great vessels are sometimes least affected; and it will even happen that not one can be found in the field of the microscope exhibiting the characteristic appearance produced by the poison. On changing the field, more or less of the globules will be discovered to be affected. The blood scraped from the muscular tissue is much more affected (see plate 1, fig 5), and that taken from the vessels of the nervous centres most of all (see plate 1, fig. 7; although in this not more than perhaps one in a hundred of these globules can be seen to be changed in form. It is probably for this reason that this change has been overlooked by some observers. The aqueous solution of the woorara destroys most of the globules of birds as soon as it is mixed with the bleod, leaving only *debris* and granular matter. (See plate 1, fig. 4) The different changes produced on this substance when mixed with iodine are shown in the plate, to which the reader is referred for more complete information on this point. I have found a similar change to take place in a case of snake bite. In a bird which died of it I found, fifteen hours after death, the characteristic appearance of the globules noticed after death from woorara. (See plate ii, fig. 2.) In mixing the venom with blood, the uncertainty of its being pure, or more or less mixed with saliva, is likely to give rise to errors In a wound from the bite of a rattlesnake Dr. Johnson found the blood globules destroyed. Dr. J. W. Burnett mixed the venom of the crotalus with blood drawn from the finger. The globules ceased to run and pile together, and remained without any special alteration of structure.*

According to my observations on birds and animals which die quickly of the serpent poison or the woorara, the blood is found coagulated The destruction of fibrine and loss of coagulability is not in the living body an instantaneous effect.

There are, doubtless, changes produced upon the blood by these poisons which the microscope cannot detect. Those we have noticed as resulting constantly from the woorara are quite sufficient to account for death. The altered globules arrested in the capillaries of the nervous centres, which they are incapable of traversing, destroy their vital actions, and arrest these organs in the performance of their functions. Hence the effect, as before stated, is the same as annihilating or removing them. Those who are not disposed to admit so mechanical an explanation of the effects of so virulent a poison may find an analogous case in the action of olive oil or mucilage of gum, which, injected into the vessels, are almost as rapidly fatal as the woorara. They act, no doubt, by arresting the circulation in the capillaries. Mixed in an emulsion, the oil may be injected with impunity.

Woorara absorbed from the surface of the stomach is as harmless as olive oil no doubt its mixture with some other fluid preventing its action on the blood.

In what way does iodine neutralize the action of the woorara? As the chemical character of the poison is unknown, it is impossible to describe the reactions which take place between it and the iodine. There is every reason to believe that iodine acts chemically upon the active principle, and neutralizes it. At the same time, it preserves the red color of the blood and tissues, and prevents the tendency to gangrene which poisoned wounds generally manifest.

Iodine coagulates the solution of woorara; but neither the part coagulated nor the fluid expressed from it preserves its activity,

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* Proceedings of the Boston Society of Natural History, Jan. 1854, p. 134.

Other substances, as the nitrate of silver, which coagulated it, do not neutralize it.

2. Of the local effect of the poison.

For a long time the most active poisons were supposed to kill from their action on the nerves.

When it came to be established, as is said. by the experiments of Blake, (the same thing had long before been shown by the experiments of Fontana,) that they enter the circulation, and that, so long as they are prevented from doing so, they produce no effect immediately, their local action, and that which they exert through the nerves, was neglected and overlooked. Many medicines and poisons have, nevertheless, the most decided local effects, independent of corroding or irritating properties. Thus belladonna dilates the pupil, rhus radicans produces numbness of the hands. Many anesthetics have a local action, etc.

In regard to the poison of the serpent, it is most commonly its local action which kills. The part bitten becomes discolored; rapid gangrene occurs, which spreads upon the neighboring parts. *The muscular fibres of the part are the first affected with spasmodic action.* During the time when this action is taking place the pain is excessively severe, and the impression conveyed by the nerves is like that resulting from a shock, or crushing a part of the animal body, such as coldness, syncope, etc.

This local action is the cause of that dark discoloration noticed upon members bitten, and sometimes upon other parts. It does not result from inflammation, for all the fibrine of the blood disappears during this action. It most resembles those actions called catalytic, and it is the interstitial fluid of the cellular tissue first affected by it. It is a peculiarity of the woorara and serpent poison that they do not produce these effects except when inoculated. When swallowed they are absorbed without dangerous symptoms resulting; when thrown into the vessels they kill quickly, without any other perceptible change than that produced on the blood.

In stating that the woorara is absorbed from the mucous surface of the stomach or intestines, and passes into the circulation, without producing fatal or dangerous effects. I am well aware that I am stating an opinion in opposition to one which has received the sanction of the highest scientific authority. Messrs. Bernard and Pelouze in their note already referred to, advance the opinion that the reason why woorara does not act when introduced into the stomach is, that this organ is incapable of absorbing it; and they relate some experiments going to show that the membranes of the stomach are incapable of absorbing it when in solution out of the body. This paper received a prize from the Academy of Sciences for the year 1850. Although well aware of the high authority of such a sanction, and of the skill of M. Bernard as an experimental physiologist, I have not been able, in this respect, to make the results of my experiments accord with his.

The following experiment, which I have repeated three times with every precaution, seems to me to disprove his views:

Take two drachms of a solution containing five grains of woarara, and introduce it through a small gum-elastic tube into the stomach of a pigeon which has been kept twenty-four hours without food or drink. Let the pigeon remain twenty-four hours longer without food or drink; kill it at the end of that time, and no fluid will be found in the intestinal canal. Wash the stomach and intestines with one drachm of distilled water, and inject this under the skin of another pigeon, and no effect will be produced. As the quantity introduced into the stomach was sufficient to kill twenty-five birds in five minutes, it seems impossible to avoid the conclusion that it is absorbed without injuring the pigeon, unless, indeed, we adopt the view that the poison is first digested. This view Bernard combats by experiments; but they cannot be considered as conclusive under all circumstances. They only prove that it may remain for a certain length of time mixed with the gastric juice in the stomach of a dog, and possess all its activity when taken out. I admit that the gastric juice has no power of decomposing the poison—at least, that there is no evidence of its possessing such a power, and that all the facts that we are acquainted with go to disprove it.

Lest it be supposed that I claim to be the first to propose the iodine as a remedy for the bite of the rattlesnake, I beg to state here that it was first proposed by Dr. Whitmire, of Illinois, who states that the idea was suggested to his mind by reading Guthrie's remarks on its effects in removing engorgements. But, as recommended by Dr. Whitmire, it may have the effect of hastening the absorption of effused serum or fibrine—but that is all. Before my experiments no one had proposed it as an antidote to the venom, or proved it to be so by experiment, or discovered a method of using it by which the effects of the venom could be counteracted. It stood on a par with the innumerable other applications which have been recommended, but of whose true value nothing positive is known.

The conclusions which I think may legitimately be deduced from the preceding facts are these:—

1. The woorara, in many cases at least, owes its activity to the venom of serpents mixed with it, and thus preserved.
2. Iodine, properly used, is an antidote for it, and, mixed with it before or after inoculation, or applied on a wound poisoned by it, is capable of preventing its dangerous effects.
3. The woorara produces its effects by changing the form of the blood globules, and by a local action, which consists in gangrene and decomposition of the tissues and fluids of the part affected.
4. The iodine acts by neutralizing the poison, and preventing the tendency to gangrene.
5. The woorara may be taken into the stomach, and absorbed without any ill effects.

APPENDIX.

Experimental Researches on the Venom of the Rattle-snake, showing certain of its effects not before noticed, and the means of preventing its absorption and neutralizing its effects. By DANIEL BRAINARD, M. D., Prof. of Surgery in the Medical College at Chicago, Ill. (Being an abstract of a paper presented to the Academy of Sciences, Paris, November 8, 1853.)

he experiments, the results of which are herein reported, were undertaken with the view of finding the antidote to the venom of the crotalus; and of testing the effect of such antidote, when thrown into the tissues of the animal body where the venom has been inoculated. They have furnished results, not before noticed by other observers, which are deemed of sufficient importance to be placed first in order.

The new facts observed are—

1. A spasmodic action of the whole muscular system, but more particularly of the larynx.

2. A certain change of the blood globules.

The antidote recommended is, the solution of iodine and iodide of potassium in water, applied upon the wound, and infiltrated into the tissues of the part affected.

As a means of preventing absorption, and rendering the action of the antidote more effectual, the use of cupping-glasses is recommended.

The serpent employed in these experiments was the massasagua, or prairie rattlesnake, the bite of which is deemed less dangerous than that of some other varieties. This probably does not arise from a difference in the venom, but from the snake being smaller and not sufficiently strong to make a deep wound. That such is the case, is proved by the fact that animals and persons bitten on the cutaneous surface, rarely die of the wound; but when bitten on the mucous surface, death is generally and speedily the result. In birds, also, whose skin is tender, the bite is uniformly and quickly fatal.

My experiments were mostly made on the domestic pigeon. The rapidity with which the poison affects it, and the size and form of its blood globules, render it peculiarly adapted for this purpose When freely bitten, the birds generally live from five minutes to two and a half hours, according to the extent of the wound and the degree of concentration of the poison. There is great difficulty in experiments with this venom, in arriving at the degree of accuracy required in all such cases. This difficulty arises from the impossibility of measuring accurately the quantity used, the strength of each specimen being liable to vary from that of others. Not only those procured from different species, but even specimens procured from the same species, and the same serpent at different periods, differ in strength. The season, the temperature, the food of the serpent, the frequency of discharge, and other causes difficult to appreciate, render the bite of any serpent most uncertain in its effects.

In order to obviate, as far as possible, the causes of uncertainty, a serpent was not allowed to bite more than three times the same day. One of the pigeons bitten was left without treatment, and if this did not die, all experiments with that serpent on that day were left out of consideration.

Effects of the Poison.—As an example of the effects of the poison, I transcribe from the record of experiments the following case, in which, from death occurring slowly, the changes could be carefully noted:

Friday, September 1, 1853.—A pigeon plucked under the wing was bitten at that point by a serpent. In fifteen minutes the wound and skin for half an inch around it were of a blue color. Effusion of serum had raised the skin, and separated it from the tissues beneath. At this time, slight spasmodic twitching of the fasciculi of the pectoral muscle beneath the bite was observed.

In twenty-two minutes this spasmodic action was greatly increased, and all the muscles, those of respiration especially, were affected with a tremulous movement, which passed off and recurred in paroxysms.

At this time the movements of the larynx in expanding and contracting were found to be much restrained. This organ being in full view in the pigeon when the mouth is opened, may be seen expanding during each inspiration, contracting after each expiration, and closing instantly and perfectly if it be touched, or if an effort be made to swallow.

In this case these movements were restrained, becoming more so as the effects of the poison increased. In thirty minutes there was difficulty of standing, the bird was gasping for breath, the mouth open, the eyes closed, the respiration spasmodic. At this time, the larynx was still more contracted, and the inspirations were at times accompanied by a sibilant sound.

In forty minutes, the bird was unable to stand, the respiration more irregular, the larynx more contracted. On being handled. this bird still moved its wings, but the legs were paralyzed.

It died at sixty-one minutes, the larynx being almost entirely closed for ten minutes before death. Observations on twelve birds which died, did not in any case show symptoms essentially varying from these, except in the greater rapidity or slowness of their occurrence. In some the spasm of the larynx was less, in others more decided. In one the larynx was found to dilate fully and spasmodically several times in succession, and then close perfectly so as apparently to cause the death of the bird.

The vision and the hearing were apparently unaffected until an advanced stage of the action of the venom.

The birds uniformly lose the use of the posterior extremities first, and one which recovered did not regain the power of using them for two days.

Effects noticed in the parts bitten.—Almost instantly, in rapid cases, the wound turns blue. This discoloration spreads rapidly, principally in the direction of the vessels leading to the heart. On laying open the wound, the tissues are found discolored, brown, infiltrated with serum, presenting all the appearances of a wound in approaching gangrene. If the wound be on an extremity gangrene actually occurs.

State of the blood.—When death is delayed, the blood found in the cavities of the heart and in the great vessels, is of a dark color, and not coagulated. When death occurs rapidly, the blood is found coagulated, but less firmly than in the natural state.

Felix Fontana states that the venom of the viper causes the blood to coagulate in the vessels and the cavities of the heart. Much as I admire the genius and patience of Fontana, who, notwithstanding his profession (he was an ecclesiastic), devoted himself to researches concerning a subject so repulsive as that of experimenting with vipers, and made over six thousand experiments with them, I think it is still permitted to doubt whether in this respect he is not mistaken. The viper is nearly allied to the crotalophorus, as this species of serpent is to the crotalus, and there is every reason to believe that in regard to the venom of these serpents, there exists only the difference which results from quantity and various degrees of activity. I should desire a new series of observations directed to the subject, before admitting that the venom of the viper produces effects on the blood directly the reverse of those resulting from the venom of the rattlesnake.

There is, probably, no disease or state of the system in which the fibrin of the blood is reduced to as small a quantity as it is in persons or animals bitten by these serpents.

As a consequence probably of this, ecchymosis occurs, and the member bitten, and sometimes the whole cutaneous surface, is covered with spots like those which are observed in petechiæ hemorrhagicæ. If death does not result in a few hours, hemorrhage often takes place. It may occur from the mucous surfaces, from ulcers, slight wounds, and from the bite itself. In the case of a patient admitted into the Illinois General Hospital on account of a bite, Dr. Johnson was unable to detect any appearances of fibrin in the blood which came from the mouth. In a dog bitten on the abdomen, a hemorrhage occurred, the next day from a slight punctured wound, which was near proving fatal.

Microscopic examination of the blood.—I have already stated that in extreme cases, the fibrin is entirely wanting, or at least is in so small quantity as not to be perceived by the microscope. The globules, the only other part of the blood subject to microscopic examinations, are in the pigeon more or less altered.

The venom having been extracted from a serpent and mixed with a few drops of distilled water, the mixture was added to the blood of a pigeon, under the focus of the microscope. As fast as the globules were reached by the venom they changed their form and assumed the appearance, shown in plate ii, fig. 3, of the accompanying paper.

A pigeon which had died from the bite of a rattlesnake, was examined fifteen hours after death. There was no appearance of putrefaction. Fig. 2, plate ii represents the appearance of the globules of blood taken from the vessels of the head.

I have examined them in numerous other instances, with the aid of my friends, Drs. H. A. Johnson and J. C. Morfit. In some of them we found, immediately after death, the blood of the great vessels much altered. It was not coagulated. Some of the globules were indented, others flattened on the side so as to be shield-shaped. others assumed a dumb bell form. In these cases many granules, resembling the nuclei of the globules, were noticed.

In the blood taken from the wound of a bird dead of the bite, Dr. Johnson found much granular matter and few globules. In that taken from the cellular tissue. at a certain distance from the bite, the glöbules were found thickened in their transverse, and shortened in their longest diameter. This latter change resembles that produced by a solution of sugar, and it did not result probably from the direct action of the poison, but from the globules having been macerated for some time in the effused serum.

When some hours had elapsed after the bite, before death. and the local effect was considerable, the blood taken from the vicinity generally showed an unusual number of white globules, which manifested a tendency to aggregation.

Treatment of the bite.—These is no point of practice in surgery which is less settled than the treatment of the bite of serpents. For reasons already alluded to, the wound inflicted even by the most poisonous species, such as the cobra de capello and the crotalus. are not commonly fatal. Hence. many inert remedies and others calculated to injure, have received the credit of curing, and come into popular use. Without, at the present time, going into this subject, it may suffice to state that the efficiency of no method has heretofore been established by direct experiment, if we except the application of cupping glasses. These, made use of as soon as the bite is inflicted, and continued for some time, have the effect of retarding the action of the poison. In cases where the dose is barely sufficient to kill, delaying its action neutralizes its effect, by causing it to be taken into the system in small doses.

Tracheotomy.—Bearing in mind the experiments of Dr. Marshal Hall, on dogs poisoned by strychnia, one of which was saved by tracheotomy, I no sooner observed that spasm of the larynx was one of the effects of the poison of the serpent than the operation presented itself as a possible means of relief. It was performed upon pigeons six times, in each case the effects were so far advanced as to show an undoubted tendency to a fatal termination. In no case did it prevent death, yet it must be admitted that in some of them it rendered the respiration regular and easy and evidently prolonged life.

Treatment with the solution of iodine.— In experimenting with different medicinal solutions, while searching an antidote to the effects of the bite of the rattlesnake, I was led to the belief that the solution of iodine and iodide of potassium in water, exercises a much greater influence over it than any other substance, excepting some of the most powerful caustics.

I extracted the virus from the vesicle of a serpent; it stood in a drop on the surface of a spoon. Having made superficial wounds on the breast of the two pigeons, I put the venom on them, dividing it between them, as nearly as possible, equally. On one of the wounds a few drops of solution of iodine was placed. It was of the strength of ten grains of iodine and thirty grains of iodide of potassium to the ounce of distilled water.

These birds were not closely watched, but at the end of six hours the one treated with the iodine was quite well, and the other was dead.

I repeated this experiment with much care, and having a larger quantity of poison used four pigeons. Of the two not treated, one lived two and the other three hours, those to which the solution of iodine was applied lived, and did not appear to be affected.

It is well known that wounds thus inoculated are much less rapidly fatal than the bite itself of the serpent. I therefore applied the solution upon the breast of a pigeon where a bite had been inflicted, but it did not prevent death from taking place in the usual time.

When we consider that the fangs of this serpent are capable of penetrating the tender skin and tissues of a pigeon at least half an inch, and are so constructed as to deposit the venom there, that the part of it which is left upon the surface is without effect. that an application to the surface can but slightly penetrate the wound, it becomes obvious that an antidote applied in that manner cannot reach the virus, and must of necessity remain without ffect upon it. So far as the virus is concerned, it is the same s if the solution had remained in the bottle.

Under these circumstances, I thought of a method of treatment which I had made use of with success in some cases of erysipelas and œdema, viz: infiltrating the solution into the tissues. This operation is performed as follows:

A pigeon being prepared, and bitten as before directed, a cupping glass is immediately applied over the wound. A fine trochar being then passed beneath it and under the skin to the seat of the wound. the stylet is withdrawn and the solution of iodine injected through the canula into the tissues. The cup is then continued upon the part for from five to ten minutes.

Of ten pigeons treated in this manner, there died five, recovered five. Average time of death, two hours and fifty-two minutes. Of ten birds bitten, without treatment, all died, average time of death, eighty-eight minutes. Of those which died after being treated with iodine, two had the wound so situated as not to be covered by the cupping-glass, and in all of them the solution used was too weak, being of but half the strength required and of that before directed to be used.

I also tried cupping alone, and the injection of a solution of the lact ferri, eight grains to the ounce of distilled water, and distilled water alone. Dr. Morfit, who was kind enough to assist me in my experiments, tried liquor potassa, a solution of bi carb. soda, tr. arnica, and a solution of ammonia in water.

The cupping alone has the uniform effect of retarding the action of the poison and prolonging life. In cases where the dose of poison is barely sufficient to kill without any treatment, this of itself is capable of preventing death. This was the result obtained by Magendie, and it is not a little surprising that a means of treatment of such certain efficiency should be so seldom resorted to in practice.

On the other hand, birds treated with the aqua ammonia died quickly. Fontana found that aqua ammonia, applied to a viper bite, hastened death. Yet this is the most popular application for serpent bite.

In regard to the other fluids tried, it is sufficient to say, in general, that none of them had an effect, except those capable of producing an eschar. Soda and potass do this, unless very weak. Fontana, who tried the mineral acids, and almost every imaginable solution in his experiments with the viper, found the caustic potash alone capable of preventing its effects.

The result of my experiments, taken in connection with those made by others, is, that up to the present time, no substance or solution has been found capable of preventing the fatal effects of the rattlesnake bite (unless destroying by caustic or excising the tissues of the part) excepting the solution of iodine. This, within certain limits, is capable of neutralizing it.

In order to guard against error, it should be stated that, in experimenting with birds, the separation of the skin by injecting even distilled water and applying cupping-glasses, is liable to cause the skin to fall off in scales. When the skin is not extensively separated, the solution recommended does not produce an eschar. The effects of iodine solutions on the tissues, since the publication of Velpeau's work on the subject, are so well understood that it is unnecessary to dwell further on this point.*

The effect of solutions of iodine, infiltrated into the tissues around the bite of the rattlesnake, is to prevent their discoloration and preserve the natural texture and color of the parts. Even when it does not prevent death from occurring, it still has this effect in a great degree.

The deductions which I think may legitimately be made from the foregoing facts, are—

1. The venom of the crotalus produces spasm of all the muscles —most marked in the muscles of respiration.

2. This venom produces a peculiar change of the blood globules, which consists of alteration of form and disintegration.

3. If death is delayed, it deprives the blood of its fibrine.

4. The solution of iodine and iodide of potassium, in the proportion of ten grains of the former and thirty of the latter to the ounce of distilled water, is, within certain limits, an antidote to the venom of the rattlesnake.

5. When the venom is deeply inserted, or when it has been

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* Des Injections Médicamenteuses dans les cavités closes. Par A. A. Velpeau. Paris, 1846.

absorbed, the antidote, to be effectual, must be infiltrated into the tissues.

6. This infiltration can be performed without causing loss of substance, or producing either eschar or suppuration.

Note.—I am under great obligation to Drs. H. A. Johnson and J. C. Morfit, of Chicago, for aid in conducting experiments with serpents, making the microscopic observations and drawing the figures of the plates.

I am also deeply indebted to my young friend, Robert Kennicott, for procuring for me as many serpents as I needed for my experiments, and for many valuable facts in relation to the effects of the poison.

Case of Acute Opthalmitis with Suppuration of the Globe of the Eye.. By S. W. Thompson, M. D.

E. O. about the middle of February, 1854, came to me and requested my opinion upon an extensive opacity of the cornea of the right eye. He stated that some twelve or fourteen weeks previously, he was attacked with common sore eyes,—"Conjunctivitis."—That after the lapse of six weeks, the treatment he had undergone had done him no good, and the Cornea *then* ulcerated, and it was four weeks longer ere he could leave his room.

At the expiration of this period—"ten weeks in all"—the ulcerated surface healed, since which time his sight is entirely gone in the affected organ. He says there is no particular pain in the eye, but a sense of uneasiness and sometimes of weight. The cicatrix extended almost entirely across the cornea laterally, leaving a small portion of the superior surface apparently clear.

I told him I could give no encouragement as to the chance of its removal, nor even as to the partial recovery of his sight. I based my opinion, regarding the latter point, upon the probabilities of some of the internal structures of the eye being irreparably injured from the long continuance of the previous disease, and the still-existing sense of weight and uneasiness in the organ. I further told him, however, that it might be worth his while to pursue a proper and systematic course of treatment, to endeavor to remove the opacity, partially at least, before the cicatrix became hardened and beyond hope. He however left, without deciding to follow the advice. Drs. Whitlock and Turney saw the case at the same time, and concurred in the opinion I had expressed.

During the night of the 2d of March following, I was called to see him. He was suffering excruciating pain in the affected eye, and along the track of the supra orbital nerve of the same side. The whole eye-ball was greatly increased in size, protruding to a very considerable extent, and causing complete eversion of the inferior palpebra. Dr. Turney had been to see him twice previous to this date, and since this attack commenced, which was about three days ago. The bowels were costive, pulse weak but rather quick. Skin cool, but dry; urine high colored, and rather scanty; severe headache. The surface of the eye-ball was of a purplish red color. The superior palpebra was pushed up by the protruding organ, and presented a dark purplish, œdematous appearance. Profuse suppuration was going on from the whole exposed conjunctival surface. Cornea already sloughing. Dr. Turney had cupped him freely on the right temple, and had given mercurials to the extent of ptyalism.

I immediately ordered a hop poultice, and while this was being prepared, I made transverse scarifications upon the eye-ball, and then bathed the eye with warm water to encourage bleeding. Gave morphia ⅔ gr., Dover's powder x. gr., to give him ease, and restore the cutaneous secretion. In the morning I found him easier, but the swelling of the eye-ball was not at all lessened. I ordered castor oil and turpentine, to evacuate the bowels; left tart. antim., to keep down vascular excitement, and morphia and Dover's powders, to quiet pain and nervous excitability; continue the warm water bathing, and the application of the hop poultice.

I was of the opinion that his eye would burst, as I believed there was matter contained within; I therefore advised him to submit to have it punctured through the already sloughing cornea, and thus evacuate the purulent accumulation. This, however, he objected to.

On the following day I saw him again. Condition not much changed. The surface of the eye-ball was lessened, but the everted eyelid was not reduced in thickness. Bowels open. Size of eye-ball not at all reduced. He could rest only whilst under he influence of the opiates. I still felt fearful the eye would urst, yet I could not enforce the measure, previously advised, to puncture, owing to the entire absence of all those symptoms which serve as landmarks to guide us in our diagnosis of the formation of matter. There had been no shiverings, no rigors, no night sweats, no sudden remission of pain and afterwards its recurrence. But I felt satisfied that during the attack he had previously suffered under, there had been a small accumulation of purulent fluid, which, when the eye was to all appearances free from disease, had been gradually increasing and causing the sense of weight and uneasiness.

I scarified the eye-ball again, as also the everted palpebra, and ordered a few drops of a solution of argenti nitras x. gr , aqua ℥j, to be introduced upon the schlerotic surface, and then to be immediately followed by bathing with warm water, as before. I used the argenti nitras in this form, because in several previous cases I had found it to answer better than anything else in reducing vascular engorgement. This plan of treatment, with such modifications as the case required, was continued for several days; I occasionally used the solid nitrate in place of the solution, wherever there was a disposition to unhealthy granulations upon the exposed conjunctival surface. He continued to improve in every respect, except the size of the eye-ball, which continued as great as before. I now, therefore, told the patient he must submit to have it punctured, or else there would ensue a still greater disorganization of the eye than had already taken place. The anterior laminæ of the cornea were entirely gone. There had been no symptoms during this attack, indicating the formation of pus, although at the latter part of the previous illness, he now tells me, he had shiverings, night sweats, &c., to a slight degree.

I accordingly introduced a narrow bistury through the remaining portion of the cornea, completely into the vitreous humor; this was followed by an escape of a sanguine purulent fluid. From that time he rapidly convalesced, and with much less sinking of the organ into the orbit than I anticipated, considering the length of time that elapsed for disorganization of the internal structures of the eye to take place, before the purulent secretion was evacuated.

I have given but an outline of the treatment, omitting the details other than such as I wished more particularly to mention. I might have used cups to the temples, but in their place I applied a blister behind the ear, and kept it open with stimulating dressings. I preferred this to cups because I considered the chief mischief was taking place in deeper seated textures than those to be reached by local depletion, and the derivative action of a blister could be kept up for a greater length of time than that of cupping. I am well aware that blisters in the acute stage of an inflammation are usually condemned by authorities; but as derivatives and counter irritants in opthalmia, I consider them invaluable, provided they are kept open until the inflammatory action is subdued; and in a case like this, where there exists no febrile action, they are doubly indicated. I prefer to apply them, in most cases, behind the ear, instead of the temple. You will remark here that I have used scarifications.

This, I am aware, is in opposition to the advice of very high authorities. Beer, Laurence, S. Cooper, and many others condemn them in the acute stage; but cases will sometimes occur in which we are constrained to fall back entirely upon our own judgment, even in violation of the general rules given us. So I considered it in this instance. Again, in regard to the use of the argenti nitras. I know this practice is condemned also in the acute stage; but, I am inclined to think, rather from theoretical than practical reasons; and I must confess that, so far as I may be allowed to judge from my own very limited experience, I know of no remedy which, under certain circumstances, at certain times, has such a powerful controlling effect over conjunctival inflammation as has this article, either in substance or solution. I do not limit its use to the sub-acute or chronic stages of the inflammatory process, nor to those cases alone in which there is mere redness or inflammation without much swelling or chemosis. The stage of inflammation alone does not govern me; it must be combined with other reasons for or against its use, ere I either use or discard it. Its application usually causes pretty severe pain at the moment; but this is soon relieved by warm bathing. The frequency of its repetition, as well as the strength of the solution, I judge of in each particular case.

BOOK NOTICES.

Observations on the Asiatic Cholera as it appeared in Cincinnati in the years 1849 *and* 1850. By THOS. CARROLL, M.D. Reprinted from the Western Lancet for June, 1854.

THIS is a monograph of 75 pages, giving a somewhat detailed account of the appearance, progress, and treatment of epidemic cholera in Cincinnati during the years 1849—50. It is very well written, and contains many facts in relation to the progress and results of the disease which are both interesting and valuable. The author is a firm believer in the contagiousness of the disease, and seems to adopt the popular idea that it originated in Asia and actually travelled (or its efficient cause) from thence across Europe and the Atlantic to America. He refuses to admit any valid or practical distinction between infection and contagion. We do not perceive that Dr. Carroll advances anything new in relation either to the pathology or treatment of Cholera. His views of the latter seem to us generally judicious, though he uses *brandy* much more than we think necessary or beneficial. There is probably no one remedy which has been so universally tried in the treatment of Cholera, as "pure brandy," so-called. We have studied its effects carefully, and are so well satisfied that it is entirely useless, if not positively injurious, in the great majority of cases, that it has been almost entirely discarded from our practice during the last three epidemics through which we have passed. As stimulants to support the circulation and temperature of the system, alcoholic drinks are much less efficient than tea and coffee, while their secondary effects on the blood and tissues are positively injurious.

The remedies on which Dr. Carroll chiefly relies are, in the first stage, alteratives and tonics; and in the second or active stage, calomel and opium, given in small and frequently repeated doses. He prefers giving one or two grains of calomel, with from the tenth to the twentieth of a grain of opium, every five or ten minutes, rather than larger doses at longer intervals. In this he follows pretty closely the plan of Dr. Ayres of England.

D.

Transactions of the Medical Association of Southern-Central New York, at the Eighth Annual Meeting, held at Homer, June 4, 1851. From the Society.

The Association of Southern-Central New York, embraces many members with whom we are personally acquainted; and we are glad to see by their annual volume of Transactions that they are not only prospering in, but also zealously laboring to improve their profession. The number of Transactions before us contains 120 pages, filled with the following articles, viz, The "President's Address," "Opium and Sulphate of Quinine as Remedial Agents" "An Essay on Medical Education," "Circulation of the Vital Fluids in Animals," "Sub acute Pleurisy." "An Essay on the Depraved General Health sometimes occurring before Parturition, and its consequences," "Hypochondriasis terminating in death," "A case of Cynanche Trachealis, complicated with inflammation and ulceration of the Soft Palate." "Report of a case of Puerpural Convulsions." "Traumatic Phlebitis," "Sloughing of the Caput Colli," "Hypertrophy of the Heart, with Dilitation" "Cases of Typhoid Fever." "Report of Committee on Surgery of Chemung County," "Surgical Cases, by Dr. P. B Brooks, of Binghamton," "Report of the Committee on Endemics and Epidemics of Tompkins County," and the Proceedings of the Society.

The first of these papers is a well written address by Dr F Hyde, of Cortlandville, on the importance of a General Study of Anatomy and Physiology. The second paper is a short essay on the remedial uses of Opium and Quinine. The author presents no new views or important facts. The paper is chiefly characterised by an almost indiscriminate recommendation of Opium and Quinine in the treatment of inflammatory as well as febrile affections.

It is written by Dr. Nivison of Hector. N Y The third paper, on Medical Education. is from the pen of Dr. Daniel Holmes of Smithfield. Pa It is a well written Essay. and for the most part inculcates sound doctrines For improving the education of the profession. Dr. Holmes urges the practical adoption of the following propositions, viz :

"First. That there should be a more thorough preliminary education. Second That the term of private office instructions be more thorough and extended: and third, An extended term of medical lectures. and that the colleges be more rigid in receiving and graduating students"

These are good propositions—the same indeed that have been urged by the American Medical Association from the day of its organization to the present time. But how shall they be realized in practice? It is easy to meet in Conventions and Associations and resolve, but who carries out the resolve in every day practical life? Does Dr. Holmes himself always do it? We fear not, for in this same address he speaks of a young man who applied to him, whose "*preliminary education was very limited*," and yet he received him as a student and for four or five months continued to help him to gain admission into the profession. And yet he blames some school for receiving and graduating that same student.

We recollect the first young man that ever applied for admission into our office as a student On examination we found him destitute of a competent knowledge of the most common branches of education We refused to receive him He went directly to a neighboring practitioner of age and experience and gained an easy admission to his office as a pupil. Yet that practitioner was a man of high standing, and is now a good member of the same Association to whom Dr. Holmes directed his address.

The truth is there is a great deficiency in the feeling of *personal* responsibility on the part of each individual member of the profession ; and until this deficiency is supplied—until the great mass of the profession are made to feel personally a keen sense of responsibility in reference to everything pertaining to the introduction of students into the profession, formal resolutions will remain as they have been, little better than idle forms.

We had intended to notice some of the other papers in this volume, especially that on "Sub-acute Pleurisy," by Dr. Henry S. West, of Binghamton; but we have only room to commend it as a well written and valuable paper. D.

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On Diseases of the Liver. By George Budd, M.D., F.R.S., Professor of Medicine in King's College, London, and Fellow of Cain's College, Cambridge. Second American, from the last and improved London Edition. With colored plates and Wood Cuts.—Philadelphia, Blanchard and Lea. 1853.

This book has been before the medical public several years, and its value is consequently well known. It is one of those practical treatises on the functions and diseases of a particular organ, which embraces the whole subject in detail; and hence it should find a place in the library of every practising physician. It is an octavo volume of 468 pages; and we would especially commend it to the readers of the Journal as a book of practical value. D.

For sale at D. B. Cooke's, Chicago, Ill.

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Hand-Book of Chemistry, Theoretical, Practical, and Technical. By F. A. Abel, Professor of Chemistry at the Royal Military Academy, Woolwich, and Assistant Teacher of Chemistry at St. Bartholomew's Hospital; and C. L. Bloxam. formerly First Assistant to the Royal College of Chemistry. With a Preface, by Dr. Hoffman; and numerous Illustrations on Wood.—Philadelphia: Blanchard and Lea. 1854.

This is a volume of 680 pages; embracing, besides an elementary treatise on chemistry, and an account of the various elementary bodies, detailed instruction in the various modes of analysis and other chemical manipulations. To the student who wishes to make himself familiar with all the details of practical chemistry, we should think the work one of great value. Its contents, however, do not admit of a brief analysis: and we must, therefore, content ourselves with this simple statement in reference to their nature and value. D.

Lectures on Surgical Pathology. Delivered at the Royal College of Surgeons of England. By JAMES PAGET, F.R.S., &c. Philadelphia: Lindsay and Blakeston. 1854.

THE history of surgery illustrates the value of science in elevating art. The few simple operations performed in the earlier ages were attended with much danger, from the fact that anatomy as a science was imperfectly understood. In addition to this, the functions of parts, the mode of their growth, the condition of their life, and the laws of their repair, were almost unknown. To the industry of the last and the first of the present century we are indebted for the most careful studies and the most minute descriptions in human anatomy. The first obstacle has been removed. To the present and the future we must look for a solution of those physiological questions so necessary to successful practice in this department of our profession.

Mr. Paget is a physiologist, and we are glad to see that he has made use of his store of knowledge in this department in these contributions to scientific surgery.

The first lecture of the course treats of nutrition, its nature, purpose, and conditions. The distinctions between growth and development are clearly and beautifully drawn. The renewal of structures by the removal of old and the formation of new particles, is illustrated by the manner in which the hair is reproduced. All the tissues are shown to have a definite length of life, after which they die, communicating that life, particle by particle, to a successor. In reference to this subject, our author says:

"I believe that we may assume an intimate analogy between the process of successive life and death, and life communicated to a successor, which is here shown, and that which is believed to maintain the ordinary nutrition of a part. It may be objected, indeed, that the death and casting out of the hair cannot be imitated in internal parts; but we are not without an example in which the absorption of a worn-out internal particle is exactly imitated in larger organs, at the end of their appointed period of life. I adduce the instance of the deciduous or milk-teeth.

"We trace each of these developed from its germ, and in the course of its development, seperating a portion of its capsule for the germ of its successor: then each, having gained its due perfection, retains for a time its perfect state, and still lives, though it does not grow. But at length, as the new tooth comes, the deciduous tooth dies, coincidently, not consequently; or rather, the crown of the old tooth dies, and is cast out like a dead hair; while its fang, with the bony sheathing, and the vascular and nervous pulp, degenerate, and are absorbed. It is here especially to be observed, that the degeneration is accompanied by some spontaneous transformation of the fang; for it could not be absorbed unless it were first so changed as to be soluble. And it is not degeneration, not death, which precedes its removal; for when a tooth-fang really dies, as that of the second tooth does in old age, then it is not absorbed, but is cast out entire as a dead part.

"Such, or nearly such, it is almost certain, is the process of nutrition everywhere: these may be taken as types of what occurs in other parts: for these are parts of complex organic structure and composition, and the teeth-pulps, which are absorbed as well as the fangs, are very vascular and sensitive; and, therefore, we may be nearly sure, are conformed to only the same laws as prevail in all equally organized parts.

"Nor are these the only instances that might be adduced. We see the like development, persistence for a time in the perfect state, death, and discharge, in all the varieties of cuticles, with which, also, we may connect the example of the gland cells; and in the epidermis we have, as in the teeth, an evidence of chemical change in the old cells, in the very different influence which acetic acid and potash exercise on them and on the younger cells, making these transparent, but leaving them scarcely changed.

"These things, then, seem to show that the ordinary course of each elementary organ in the body, after the attainment of its perfect state by development and growth, is to remain in that state for a time; then, independently of the death or decay of the whole body, and, at least in a great measure, independently of its own exercise or exposure to external violence, to die or to degenerate; and then, being cast out or absorbed, to make way for its successor.

"It appears, moreover, very probable that the length of life which each part is to enjoy is fixed and determinate, though, of course, in some degree subject to accidents, which may shorten it, as sickness may prevent death through mere old age; and subject to the expenditure of life in the exercise of function. I do not mean that we can assign, as it is popularly supposed we can, the time that all our parts will last; nor is it likely that all parts are made to last an equal time, and then to be changed. The ones, for instance, when once completely formed must last longer an the muscles and other softer tissues. But, when we see that the life of certain parts is of determined length, whether they be used or not we may assume, from analogy, the same of nearly all.

"For instance. the deciduous human teeth have an [illegible] duration of life—not, indeed, exactly the same in all [illegible] on the whole, fixed and determinate. So have the deciduous teeth of other animals And. in all those numerous instances of periodical moulting, of shedding of the antlers. of the entire desquamation of serpents. and of the change of plumage in birds. and of the hair in mammalia. What means all this, but that these organs live their severally appointed times, degenerate. die. are cast away, and in due time are replaced by others; which. in their turn, are to be developed to perfection, to live their life in the mature state. and to be cast off? We may discern the same laws of life in some elementary structures; for example, in the blood corpuscles, of which a first set. formed from embryo-cells disappear at a certain period in the life of the embryo. being replaced and superseded by a second set, formed from lymph-corpuscles. And in these also we may see an example of the length of life of elemental parts being determined, in some measure. by their activity in function; for if the development of the tad-pole be retarded by keeping it in a cold, dark place. and if, in this condition, the function of the first set of blood-corpuscles be slowly and imperfectly discharged, they will remain unchanged for even many weeks longer than usual Their individual life will be thus prolonged, and the development of the corpuscles of the second set will be for the same time postponed.*

"The force of these facts is increased by the consideration of the exact analogy, the almost identity, of the processes of secretion and nutrition; for in no instance is the fact of this limited life of individual parts more clearly shown than in the gland-cells. by which periodical secretions are elaborated. The connecting link between such gland-cells and the most highly-organized parts. as well as a manifest instance of determinate length of life and natural death. is found in the history of the ova. These attain their maturity in fixed successive periods of days: they are separated (as the materials of secretions are) while yet living and with a marvellous capacity of development, if only they be impregnated during the few days of life that remain to them after separation; but if these days pass. and impregnation is not effected, they die, and are cast out as impotent as the mere epithelial cell.

"Now, from these cases it is not by a far fetched analogy that we assume the like mortality in all other tissues, and that this is the principal source of impairment, and of change for the worse, which every part of the body has within itself, even in the most [illegible] in the conditions most favorable to life. And I [illegible] repeat a [illegible] subject of consideration, by saying that [illegible] truths is of some importance in practical [illegible] inasmuch as the results of this degeneration of parts, [illegible] close of their natural term of life, may be mingled with the [illegible] of all the morbid processes by which the natural nutrition of a part is hindered or perverted. Hence, at least in part, the [illegible] continuing or permanent loss of power in an organ (say a muscle which has been disused, or has been the seat of inflammation. This loss is not wholly due to a primary disease of the fi[illegible] in part. it is because the inflammatory process and the organization of the morbid exudation exclude the ordinary process of nutrition: and the muscular fibres. which now, in the ordinary course of life, degenerate, are not replaced, or are imperfectly repaired."

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* See Kirke's Physiology. pp. 65 and 290.

The whole lecture is full of interest; but we have not space for further extract The conditions necessary to the normal nutrition of parts are discussed, namely—

1st. A right state of composition of the blood.

2d. A regular and not far distant supply.

3d. In most instances, at least, a certain influence of the nervous system.

4th. A natural state of the part to be maintained.

By a right state of the blood, our author means that which is appropriate for the nourishment of the tissues at any given period in life. and not an absolute standard at each moment of our lives, the change going on in the organism gives rise to a change in the constitution of the blood. The growth of different structures, and the performance of the function of different organs, all modify it more or less.

From youth to age, therefore, through every hour of our being, this fluid differs, and the "right state" yesterday is not the right state to-day, nor will it be to-morrow. Each part, as it grows, abstracts a position from the circulating pabulum, returning to its elements, which have already subserved their purpose.

In Lecture Second, which treats of the conditions necessary to healthy nutrition. our author puts forth the bold proposition that each individual part, in its growth, abstracting from the blood those substances peculiar to itself, so far as every other tissue is concerned, a true excretion. The existence of rudimental organs as hair on the human fœtus, the mammary glands in the male &c., is accounted for on this principle. In their growth they serve the purpose of excreting organs, separating from the blood those substances which are rejected by every other structure. This idea will be better understood from the following extract:

> "For these rudimental organs certainly do not serve, in a lower degree, the same purposes as are served by the homologous parts, which are completely developed in other species, or in the other sex. To say they are useless is contrary to all we know of the absolute perfection and all-pervading purpose of creation; to say they exist, merely for the sake of conformity, with a general type of structure, seems unphilosophical, while the law of the unity of organic types is, in larger instances, not observed, except when its observance contributes to the advantage of the individual. Rather, all these rudimental organs must, as they grow, be as excretions, serving a definite purpose in the economy by removing their appropriate materials from the blood, and leaving it fitter for the nutrition of other parts, or by adjusting the balance, which might else be disturbed by the formation of some other part. Thus they minister to the self-interest of the individual, while, as if for the sake of wonder, beauty, and perfect order, they are conformed with the great law of the unity of organic types, and concur with the universal plan observed in the construction of organic beings.
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> "And again—the principle that each organ, while it nourishes itself, serves the purpose of an excretion, has an application of peculiar interest in the history of development. For if it be the influential when all the organs are already formed, and are only growing or maintaining themselves, much more will it be so when the several organs are successively forming. At this time, as each nascent organ takes from the nutritive material its appropriate constituents, it will co-operate with the gradual self-development of the blood, to induce it in that condition which is essential, or more favorable, for the formation of the organs next in order to be developed."

Our author goes on to show that the existence in the blood of certain matters determines the formation of corresponding tissues. This is especially true of the lowly organized tissues.

These principles are applied to individual instances. "They suggest," says our author, that certain stand in their nutrition in a complemental relation to each other; so that neither of them can be duly formed or maintained in healthy structure, unless the right condition of the blood be induced and maintained by the formation of the other."

Not only so, but we may also believe, more particularly, "that certain organs are, mutually, as excretions from each other." This beautiful thought is in harmony with what we know of the economy of nature, and if true, as we believe it is, it possesses a practical value in the study of the pathology of the blood.

The subjects of formative process, growth, hypertrophy, atrophy, are discussed in a masterly style, and with the spirit of a true physiologist.

Lectures 7th, 8th, 9th, 10th, 11th and 12th treat of the repair and reproduction of injured and lost parts.

Inflammation and its attending phenomena and results occupy Lectures 13, 14, 15, 16, 17, 18 and 19. Lecture 21st is devoted to the consideration of specific diseases.

The larger portion of the work is devoted to the investigation of tumors, while the closing lecture treats of tubercle.

We have only room for a few extracts from that portion of the work devoted to the classification of tumors. Our author recognized the distinctions of malignant and non-malignant tumors. In addition to the general definition of tumors, which is as follows: parts which, 1st, are isolated from the surrounding parts by distinct investing layers of tissue; 2dly, though continuous with, the natural parts are abruptly circumscribed in the greater part of their extent: or, thirdly, are formed of new materials. infiltrated and growing in the interstices of natural parts. The following are given as characteristics of malignant growths:

> "And, first, the intimate structure of malignant tumors is. usually, not like that of any of the fully developed natural parts of the body, nor like that which is formed in a natural process of repair or degeneration.
>
> "Many of the cells of cancers, for example, may be somewhat like gland-cells, or like epithelium-cells; yet a practised eye can distinguish them, even singly. And much more plainly their grouping distinguishes them: they are heaped together disorderly, and seldom have any lobular or liminar arrangement, such as exists in the natural glands and epithelia, or in the innocent

glandular or epithelial or epidermal tumors. These innocent tumors are really imitations, so far as their structure is concerned, of the natural parts: and the existence of such imitations in any tumors make the diversity—the heterology, as it is called—of the malignant tumors, appear more evident.

"Secondly, malignant growths may have the character of infiltration—*i. e.* their elementary structures may be inserted, infiltrated, or diffused in the interspaces and cavities in which they lie. Thus, in its early state a malignant tumor may comprise, with its own proper elements, those of the organ in which it is formed; and it is only in its later life that the elements of the tissue disappear from it, gradually degenerating, and being absorbed, or, possibly, yielding themselves as materials for its growth.

"3d. It is also generally characteristic of malignant tumors that they have a peculiar tendency to ulcerate, their ulceration being commonly preceded by softening. One can, indeed, in this particular, only observe a graduated difference between the innocent and the malignant diseases; for certain innocent tumors, if they grow very rapidly, are apt very rapidly to decay; and they may suppurate and discharge their ichor and debris with foul and dangerous ulceration. Thus the quickly-growing cartilaginous tumors may imitate, in these respects, malignant growths; so may large fibrous tumors when they soften and decay. Or, again, when an innocent tumor grows more rapidly than the parts over it can yield, they may waste and ulcerate, and allow it to protrude; and it may now itself ulcerate and look very malignant disease. This may be seen in the protruding fibrous tumors that ulcerate and bleed; or, in a more striking manner, in the protruding vascular growths that have sprung up in the cystic tumors of the breast. Or, once more, the characters of readiness to ulcerate may be imitated by innocent tumors after injuries, or in exposure to continued irritation; for they resist these things with less force than the similar natural parts do. Hence, sloughing and ulcerating fibrous, erectile, and other tumors have been often thought cancerous, and so described.

"The respective tendencies to ulcerate can therefore be counted only as constituting differences of degree between the innocent and the malignant tumors. We may speak of a liability in the one case, of a proneness in the other.

"4th. The softening that often precedes the ulceration of malignant growths can hardly be considered separately from the minute account of their structure. I therefore pass it by, and proceed to their fourth distinctive character, which is to be noticed in the modes of their ulceration.

"This is, that the ulcer which forms in, or succeeds a malignant growth, has no apparent disposition to heal; but a morbid substance, like that of which the original growth was composed, forms the walls or boundaries of the ulcer: and as this substance passes through the same process of ulceration which the primary growth passes through, so the malignant ulcer spreads and makes its way through tissues of all kinds.

"5th. Malignant tumors are, again, characterized by this: that they not only enlarge, but apparently multiply or propagate themselves: so that, after one has existed for some time, or has been extirpated, others like it grow, either in widening round its seat, or in parts more remote.

"8th. A sixth distinctive character of malignant tumors is, that in their multiplication, as well as in their progress of ulceration, there is scarcely a tissue or an organ which they may not invade."

The physiology, as well as the anatomy of tumors claims a large share of the author's attention, and gives to the work its distinctive character.

We have seldom seen a book the perusal of which has given us so much pleasure, and we unhesitatingly recommend it to all who are interested in the application of physiology and surgical pathology.

For sale by D. B. Cooke & Co., 135 Lake st., Chicago.

J.

Public Address on the Intellectual, Moral, and Physical Training necessary to constitute the True Physician. Delivered before the Æsculapian Medical Society, at its Semi-Annual Session, held in Marshall, Illinois, May, 1854. By F. R. PAYNE, M.D. Published by order of the Society.

OUR readers are indebted to the Æsculapian Medical Society for many very interesting articles which have appeared from time to time in this journal. The address of Dr. Payne is only another evidence of the industry and ability of our professional brethren in that section of our state. We have neither space for extracts, nor time for analysis. We thank the Doctor for the happy manner in which he has treated his subject, and solicit for our readers and ourselves the privilege of frequently hearing from him through the pages of our journal. J.

Tableau of the Yellow Fever of 1853, *with Topographical, Chronological, and Historical Sketches of the Epidemics in New Orleans since their origin in* 1796; *illustrative of the Quarantine Question.* By BENNET DOWLER, M.D. New Orleans. 1854.

THIS is a graphic little work, of 66 pages, and embraces apparently all that is known of the history of yellow fever in New Orleans for the last fifty-eight years. We have neither time nor space to do more than assure our readers that it is marked by the industry and ability characterizing all the productions of its distinguished author. It is truly a valuable acquisition to the literature of epidemics. J.

On the Reputed Causes of Yellow Fever and the so called Sanitary Measures of the Day, by M. MORTON DOWLER, M.D., Fourth District, New Orleans.

THIS is the title of a pamphlet of 20 pages reprinted from the New Orleans Medical Journal. Dr. Dowler's object is to show:

First, that the first cases of yellow fever in 1853 occurred in a portion of the city entirely cut off from the shipping, and several days before any cases had been discovered on board of any of the ships in port.

Secondly, that the first cases had not been contracted by contact with persons laboring under yellow fever.

Thirdly, that the disease was not communicated by these first cases to any other person.

Our author battles against the theory that filth is the producing cause. He shows that those parts of the city containing the largest quantities of decaying vegetable and animal matter did not suffer more than those where the most scrupulous regard was paid to cleanliness. In addition to the facts adduced the following argument is given:

"In fact, the filth theory is wholly untenable, not only from the entire history of yellow fever in this community, but from every analogy known to science. Every product, whether solid, fluid, or aeriform, or imponderable, whether resulting in the decomposition of animal, vegetable, or mineral matter, produces effects which are remarkably uniform. They do not discriminate between the acclimated and the unacclimated, nor are their noxious or innocuous properties at all modified by such circumstances. For instance the deposits at Gormly's Basin give off amongst other substances, sulphuretted, carburetted. and phosphoretted hydrogen, ammoniacal gases, substances which with ordinary ventilation merely give evidence of their existence by offending the nostrils, in bad ventilation become oppressive, and when highly concentrated quickly destroy life. The effects are uniform in all climates, and to assume that the mere enhaling of a mixed atmosphere, which one person breathes with perfect impunity, should give another the yellow fever, another the cholera. and a third the typhus fever, it is simply a *reductio ad absurdum.* Our knowledge of these gases demonstrates that the reputed cause is insufficient to produce the effect, and there is not a shadow of proof to show that it does produce it. The exhalation from departed animal and vegetable life mingle with our every breath, and it has never been shown, nor ever can be shown that they act otherwise than uniformly. Touching the filth question, let us not be misunderstood. Let every alderman "search the scriptures." There is scarcely a chapter in that sacred book which does not admonish all to "wash and be clean." Common decency also speaks aloud. False and improbable theories, however, can do nothing else than lead to useless and extravagant and corrupt legislation, and to lull the public into a false security.

J.

EDITORIAL.

Progress of Cholera.

In the July No. of the Journal, we noted the progress of Cholera and Dysentery in this city up to the 31st of that month. Since that time the Cholera has altogether ceased as an *epidemic*, as the following tabular statement will show:

		CHOLERA.		ALL DISEASES.
August 1,	- -	16	- -	33
" 2,	- -	12	- -	34
" 3,	- -	10	- -	27
" 4,	- -	10	- -	22
" 5,	- -	15	- -	26
" 6,	- -	9	- -	25
" 7,	- -	16	- -	28
" 8,	- -	14	- -	29
" 9,	- -	15	- -	22
" 10,	- -	13	- -	27
" 11,	- -	5	- -	21
" 12,	- -	5	- -	21
" 13,	- -	11	- -	22
" 14,	- -	3	- -	14
" 15,	- -	7	- -	15
" 16,	- -	9	- -	30
" 17,	- -	1	- -	11
" 18,	- -	4	- -	23
" 19,	- -	3	- -	14
" 20,	- -	2	- -	10
" 21,	- -	5	- -	16
" 22,	- -	9	- -	35
" 23,	- -	5	- -	29
" 24,	- -	5	- -	18
" 25,	- -	8	- -	22

This gives a total of 212 deaths from Cholera in 25 days, and a total of 574 from all diseases during the same time; being only little more than one-half of the mortality which took place during the preceding month. During the first week in August the weather continued warm, with a moist atmosphere. From the 6th to the 10th it was cool and dry. Some rain fell on the 11th, and the 12th was very sultry and warm. From the 13th to the 17th it was uniformly clear, dry, and moderately warm. On the 18th there was a slight fall of rain; but from the 19th to the 25th it was uniformly clear, dry, and very warm; the mercury generally rising in the middle of the day to 98 and 100 degrees Fah. During this time, too, the wind was uniformly from the south or south-west. On the evening of the 25th, we had a copious shower of rain, and the wind changed to the north. By comparing these statements in reference to the weather with the table of daily mortality, it will be seen that they bear the same relation essentially as that pointed out in our previous notices. We may now safely consider the prevalence of cholera in this city at an end for this season. Sporadic cases may continue to occur for a few weeks longer, but even these will be limited to immigrants and intemperate residents chiefly. Within a few weeks past, we have had several letters, asking our method of treating cholera. None of these letters have been answered for two reasons: First, they reached us at a time when sickness was unusually prevalent in the city, leaving us not one moment of leisure from day-light to day-light again. Second, it is impossible in one brief letter to give any adequate idea of the treatment of such a disease as cholera is in its various stages. Neither have we time or space now to do more than give a brief outline of our views. We believe cholera to consist essentially in a great diminution of organic susceptibility throughout the whole capillary system, coupled with a peculiar irritability of the mucous membranes. The first leads more or less rapidly to a suspension of capillary circulation, and consequently to diminished or suspended secretion and production of animal heat. The second is manifested in the violent vomiting and purging during the active stage of the disease. These views point distinctly to *three* leading therapeutic indications, viz.: First, to soothe the irritation of the mucous surfaces. Second, to improve the organic susceptibility and tonicity of the whole system; and third to restore the secretions of the more important organs and replenish the blood. In the first or premonitory stage of the disease, the prompt fulfilment of the two first indications is all that is required. For this purpose I have found nothing better than some one of the following formula, viz.:

℞	Chloride of Sodium - - - - -	ʒij
	Tinct. Opii - - - - - -	ʒij
	Water - - - - - - -	℥ij

Mix and give one tea-spoonfull every 2. 3, or 4 hours until the bowels become natural.

℞	Aromatic Sulph Acid - -	℥j
	Sulph. of Quinine - -	10 grs
	Sulph. of Morph. - - -	5 grs

Mix—give 15 or 20 drops every 4 or 6 hours in sweetened water. If in addition to either of the above remedies, we give each morning and evening a powder composed of Sub. Murias. Hydrarg. 2grs. and Pulv. Opii from half a grain to one grain, it will seldom fail in two days not only to remove the premonitory symptoms of cholera, but also invigorate the system. and remove the tendency of relapse. If more active serous or cholera diarrhoea has commenced, and yet without vomiting or cramps, we give the following powder every one or two hours until the discharges entirely cease, viz:

℞ Sub. Murias Hydrarg from 2 to 4 grs.
Acetas Plumbi from 1 to 2 grs
Pulv. Opii from ½ to 2 grs. mixed.

At the same time keep the patient entirely at rest and give for nourishment sweet milk boiled with a little flour, or chicken tea well salted. After the bowels have been kept quiet from 18 to 24 hours, we usually give the following viz.:

℞	Tinct. Cinchonae -	℥ij
	Aromat. Syrup Rhei -	℥j

Mix and give a tea-spoonful every 4 or 6 hours, until the bowels become regular. Sometimes it is necessary to add Tinct. Opii et Camp. ℥j. to the last prescription. In the second or active stage of cholera, when vomiting and purging, and cramps have fairly commenced, we give one of the powders of Calomel, Opium and Acetate of lead, named above, immediately after every turn of vomiting, whether it be once in five minutes or once an hour. At the same time we direct an Enema consisting of half a tea-cupful of thin starch and 10 grs. of Acetate of lead with a tea-spoonful of Laudanum, to be thrown into the rectum immediately after each evacuation of the bowels. We cover the epigastric region and central part of the spine with a strong mustard plaster, and persuade the patient if possible to lie still with the lower extremities covered. We satisfy the craving for drink as much as possible with small pieces of ice, and allow every half hour a wine-glass ful lof a weak solution of salt. Such are the chief means with which we combat cholera in its active stage; and quite as much depends on the *manner* of using them as on the means themselves. For instance. if we prescribe a powder to be given every half hour or hour, or if we wait, as is often done, a few minutes after each turn of vomiting "*for the stomach to get settled,*" the few minutes we wait is often just sufficient to have the stomach prepared for another paroxysm of vomiting; and of course the medicine is immediately rejected. But the same medicine given *immediately* after the stomach has exhausted itself will be retained long enough to *gain* some effect. The same rule is equally important in reference to enemas. In a great majority of cases the skillful application of the foregoing means, commenced in the early part of the active stage will promptly control the disease. If the active stage is more advanced, the tongue and lips cold; the pulse feeble; the voice husky, &c., we add to the above remedies one or two table-spoonfulls of chicken or beef tea thoroughly salted every 30 minutes, attended with the same quantity of strong coffee. At the same time we lessen the quantity, or entirely exclude the Opium from the powders and supply its place with from 2 to 4 grs. of Quinine.

If the patient passes into entire *collapse*, we trust chiefly to the following drinks, and entire quiet, viz.: strong infusion of coffee, two parts; sweet milk, one part; given in doses of one, two, or three fluid ounces every half hour; and between each dose the same quantity of chicken or beef tea, nearly saturated with common salt In this stage, the fluids of the system having become exhausted, the object is, to husband what vitality remains by rest, and the restoration of the materials previously lost from the blood and tissues, in such doses as the stomach will bear. Such is a very brief outline of our treatment of this formidable disease. It is true that we often use remedies not mentioned here. We have bled some patients, cupped others, put some in the warm bath, others in the cold bath, or wet sheets. To some we have given salt and mustard; to others salt, calomel, and quinine. Sometimes we have given a large dose of calomel; sometimes nothing but very small doses, repeated every five minutes These have been variations to meet special indications in particular cases. To point out such special indications, &c., would require all the space there is in the present journal, and far more time than we have at command. We have given the foregoing brief outline of treatment, not from any special confidence in its importance, but to gratify our correspondents as far as possible. It will be seen that we have made no mention of brandy, cayenne pepper, carb. ammonia, ether, &c., simply because we do not use them. We have done active service through *five* cholera seasons (one in New York city and four in Chicago), and during the whole time we have not given internally *one drachm* of cayenne pepper, or *one pint* of any kind of alcoholic drink Still we have had abundant opportunities for observing the effects of both, and are satisfied that the first only irritates the sensitive surface of the stomach, and the last renders the blood more carbonaceous, and less capable of sustaining the organic actions and vital properties than without it. D.

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Vaccine Virus.—We are frequently called upon by our friends from a distance for vaccine virus, but are not always able to furnish it. It will be an accommodation to many, perhaps, to know that it can be obtained of E. L. O'Hara, Druggist, No. 24 West Randolph st., Chicago.

The packages are sent by mail for $1 each. J.

OBITUARY.

Died, in Perry, Illinois, July 11, 1854, of consumption, ISAAC NEWTON DAVIS, M.D., aged 26 years.

Dr. Davis was a graduate of Rush Medical College, and during his residence in this city had won for himself the confidence and esteem of all who knew him.

His good natural talents were cultivated by close observation and careful reading, while his heart was deeply imbued with the spirit of kindness and Christian charity.

We knew him well, and as we watched his patience under suffering, and the fortitude and even cheerfulness with which he pursued the rugged paths of our science, conscious, meanwhile, that the slow destroyer was on his track, we learned to love him.

Modest and retiring in his manners, thorough in investigation, cool in judgment, and prompt in execution, with a warm heart and generous sympathies, he possessed those qualities eminently fitting him for the practice of the profession which he had chosen. While we sympathize with his afflicted friends, we recognise in his early death a loss to our profession and to science.

J.

Died, in Boston, July 1st, Dr. WALDO J. BURNETT, aged 26 years.

Dr. Burnett had won for himself an enviable reputation as a naturalist and physiologist. Although young in years, he had accomplished much for his profession and for natural history.

The Transactions of the American Association for the Advancement of Science have been enriched by several contributions from his pen. The principal work, however of his life was the essay published in the last volume of the Transactions of the American Medical Association, on "The Cell; its Physiology and Pathology."

It would seem hard that one so young and so gifted should die just as he was beginning to reap the reward of his labors, did we not believe that his active mind has found new and richer fields to explore, and that his heart, so full of love for nature, is already exulting in the apprehension of sublimer truths of the spirit-land.

J.

THE NORTH-WESTERN

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ORIGINAL COMMUNICATIONS.

ART. I.—*An Essay on Milksickness.*—Read before the Æsculapian Medical Society, by S. W. Thompson, M. D., Marshall, Ill., May, 31st, 1854.

Gentlemen:—It is with peculiar diffidence that I attempt to lay before you an Essay at all worthy of your consideration, or the subject at the head of this Article, for I am, as every young practitioner must be, deficient in that all-important acquirement to a medical man, experience; but having been appointed one of your essayists, I will not be the first to shrink from any honorable responsibility or duty devolving upon me as a member of the noble profession we are bound to cherish and respect. At the present time it especially behoves each and every one of us to exert ourselves to the utmost for the advancement of ourselves and profession, in order by making both respected, to put down the host of empirics and nostrum venders who are ever hovering round, ready to pounce upon and destroy the poor victim to public credulity.

It is not my intention in this paper, even were I capable of so doing, to enter into a full and elaborate discussion of the subject of Milksickness. but merely to state the views held by myself and some others as to its cause; and then to express an opinion, or rather make a suggestion as to which species of disease it should be classed with. As regards the latter. I am well aware that I am at present unable to substantiate my theory by proof; for time must elapse. and investigations be entered in to, ere facts can be elicited sufficient to allow us an opportunity of arriving at any certainty regarding the peculiar pathological phenomena to be observed in the disease. Therefore nearly or quite all our arguments and reasoning relative to the cause and character of Milksickness are based upon *mere theory* and must not be allowed the same weight or influence upon our views, as if they were the result of actual observation or experience.

I shall therefore first briefly mention where milksickness is found or said to be endemic. Upon this point our information is very definite. We see the disease prevailing upon low bottom lands in the vicinity of water courses, or in low marshy prairie or their neighborhood. We occasionally also notice it in comparatively elevated table lands which are thickly covered by a growth of underbrush or young timber. But the places where we find it most frequently and where at the same time it assumes its most severe and grave type are on the bluffs overhanging creek or river bottoms These bluffs have been chosen as building spots by the settlers on account of their being above high water mark, and also from an erroneous idea that high lands must be salubrious

It is true we occasionally see the disease in situations other than those here described, but it is rare and must be looked upon rather as exceptional and sporadic, and not at all militating against the assertion that it usually prevails in and close to malarious localities. Almost all authorities agree upon this point. Dr. Drake would be still more definite, although he does not agree to the hypothesis of its being miasmatic in its origin. He says that the localities giving rise to it are only "the white elm slashes in post oak flats," but this very limited location is no longer tenable, and indeed it is strange that the father of western medicine should ever have taken up with the conviction which he here expresses. It would be a work of supererogation for me to give a list of districts in this portion of the state, where milksickness prevails; or of the authorities who have testified to the truth of its most frequent occurrence in such localities as I have described. You are doubtless fully acquainted with both, and I shall now proceed to consider some of the theories which have been advanced as to its cause. There are I believe but four of these which require special notice, viz: the Animal, Vegetable, Mineral and Malarial.

The advocates of its Animal origin maintain that it is exclusively in man, derived from the use of beef, butter, milk or cheese obtained from an affected beast. In answer to this it is only necessary to prove that it *may* occur without the possibility of any of these articles being the cause. That such can be proven is very evident. A single instance quoted by myself in a paper published in the Western Journal of Medicine and Surgery for June, 1855 is sufficient to settle this point. In this instance every thing belonging to cattle, or obtained directly or indirectly from them, was for a space of about seven years entirely interdicted from being used in the family. But see the result. Was the family exempt from the disease? By no means: they suffered from it as severely every fall as previously. That bad or unwholesome food of any kind may cause a *manifestation* of the disease I can readily believe. Analogy in other cases would forbid a denial, unless proof were present to give a coloring to my incredulity. But to say that the disease *could not* occur without such food being used; to assert that such articles as I have above enumerated, are the essential first and last causes of the malady, is what I cannot believe.

The reasons given for a belief in this theory by its supporters, are numerous, and some of the arguments adduced are specious, and bear with them at a cursory glance the appearance of truth.—But upon a closer inspection we find them either incomplete or based upon an a priori mode of reasoning which will not bear analysis. For instance, it is asserted that dogs or other animals, after eating of the carcass of a beast dead of milksickness or trembles, are attacked with the same disease, or one supposed to be so and it probably is. But when we come to examine for ouselves, we find that the number so attacked is but a small ratio of those which have partaken of the diseased beast, and those attacked are not always the one taking the largest amount of the diseased flesh, but rather such as stay longest in close proximity to the noxious effluvia arising from the carcass; and as the beast usually dies in or close to the locality where the disease is supposed to originate, it is but fair to admit that the dog was subject to the same cause of disease as the cow. And again, if there is any peculiar essential poison in the dead cow, we should reasonably expect to see the usual manifestation of the poison, in those animals partaking thereof, and these effects should be most plainly exhibited in such as had taken the largest amount of matter containing it. It is true that some men, and this fact applies equally to other animals, are more susceptible of a given amount of some agent than others, and this may possibly be the case in the present instance But Philosophy teaches us to search for no more reasons to explain a phenomenon than are sufficient to account for it, and here I maintain that exposure to the same atmosphere, or if you please, the same cause that gave rise to the disease in the cow, sufficiently explains the phenomenon of the dog being seized with a disease *supposed* to be the same. But a little farther. If the diseased meat, &c, causes it in man and dog, what gives rise to it every fall in the cow? Here we must look again and attempt some other solution of the difficulty, and I would ask, if there is some other efficient cause giving rise to it in the beast, whether this same may not give rise to it in man? The unprejudiced and reasonable mind at once suggests an affirmative answer. Again: It is affirmed that when flesh of a diseased beast is given to dogs not allowed to go to the carcass, it has caused milksickness in them. Such may be the fact, but in the absence of *some* of the facts connected with the case, and moreover in consideration of these phenomena having *apparently* been observed by men incapable of giving them their due weight and value, and of drawing just deductions from such facts as *were* observed, whilst they were liable to be misled by preconceived prejudices, we must be very cautious how far we allow such statements to be received.

Let us now take a brief survey of the claims which the theory of the vegetable origin of the disease presents to our notice.—

This theory has had and still has many advocates, amongst whom is I believe Prof. Dickson of S. Carolina. The late Dr. Drake was also amongst its supporters. There is a peculiarity about this view of the question which is rather singular, considering the certainty which has been expressed, by those writing in favor of this theory, in regard to the special cause. It is this: that there are scarcely any two who agree upon the particular vegetable product, which they would persuade us is the first and only cause of the disease in question. The Eupatorium Ageratoides, Bignona Capreolata, Rhus Toxicodendron and some of the Fungi have been cited as specific causes of milksickness. Besides those here enumerated there are a host of others too numerous to mention and unworthy of notice. Dr. Drake was led to believe the Rhus Toxicodendron was the noxious vegetable, but when we come to examine the subject we find not a shadow of evidence to substantiate his theory. Indeed the chief ground upon which the vegetable theory is based, are "that each writer has found some *one* of these supposed noxious vegetables in the immediate vicinity of where the disease is supposed to originate, and in some cases they are said to have eaten of them, and been subsequently attacked with the disease" Ergo, the plant gave rise to the malady.

There are one or two facts that I will mention in opposition to the above. In the first place, nature has wisely endowed her creatures with instinct sufficient to lead them to pluck only such food as is suited to their wants, and to shun such as is deleterious. This fact is too well known to need confirmation, and although domesticated animals sometimes partially lose this instinct, yet it could not be the case with cattle, used to getting their entire sustenance during the spring, summer and fall from the unenclosed prairie and wood lands. Secondly, were this theory correct, we should find the disease only in such places as this vegetable, whichever one it may be, and is likewise discoverable. But is this the case? By no means, for when we find some of them to exist, there are not others. This question might forever be set at rest by separating a number of cattle and feeding them on the various vegetables supposed to be hurtful, at the same time they are free from any of the other supposed causes of the disease. I cannot pass this part of the subject over without a cursory notice of a new causus mórbi which has lately been discovered. or at least said to have been so; and coming as it does from a high source, it might from that cause alone have more influence than it deserves. The substance to which I allude is a kind of fungus similar to the secale cornutum. and its effects are claimed to have been discovered by Prof. Slack of the Cincinnati College of Medicine and Surgery. The claims of this article to the *enviable notoriety* of being the cause of so much ill to nature's animated creation. are warmly advocated by this gentleman in a paper published in the Western Lancet for March, 1854. This paper is headed ' Ergo-deleteria," and is plentifully interspersed with quotations and italicising. The learned professor speaks in term of derision of the various theories hitherto advanced, and then proceeds to declare in a very positive manner, the certainties which accompany his solution of the much vexed question of the cause of milksickness — Speaking of all previous theories he says "to the writer of the present Essay, all these particulars are but *guesses*, most of them fanciful and fall quite short of the *truth*." And what after all are his reasons for presuming he has discovered the true cause. and thus condemning all previous productions "as mere guesses and but fanciful ?" Simply these, if grounds indeed they are. That in all the Graminaciæ or grass tribes, the place of the seeds is sometimes occupied by a *morbid growth*. That this abnormal production is similar in its nature to the ergot of rye, which from ample experience has been proven capable of generating disease in both man and beast. He then goes on to state that "early in November of 1839 or '40, by request I visited a very respectable family. I found them all laid down with *milksickness*. The house was a hospital—all were sick. The lady was retching and vomiting in a manner *unusual to me*. She died during the night after.' He then gives a description of the land and what was found there. "The family lived in a fertile place, one and a half miles from Memphis, Tenn., on the east bank of Wolf river. The whole place except a small strip of land, was frequently overflowed by water. In this particular case I looked around carefully for a cause of the very distressing malady, and was satisfied it resulted from something produced in the vigorous grasses of these *low lands.* since which botanical facts confirmed my impressions, and led to the sentiments above. There is an inconsistency in the professor's descriptions, which I could wish he had avoided. We might suppose this was the first attack of the kind he had ever seen, and not knowing what else to call it, gave it the accommodating name of *milksickness*, for he says he found the woman "retching and vomiting in a way unusual to him." If he was acquainted with the disease either by experience or otherwise, this could not have been the case, for when a physician has seen one or two patients vomiting in this complaint, the scene is not easily effaced from his memory, and this symptom is usually particularly and minutely described by those who have written upon the disease. But now the woman was dead, Prof. Slack with praiseworthy zeal seeks for the cause of disease, but at the time discovers nothing, if we except some rank vegetation, consisting mostly of grasses in the overflowed lands. *There may have been* the *blight* which he supposes to be the noxious article, yet he does not say it was found at this time. However, after "thirteen years" have passed he discovers that the "Ergodeleteria" was there.

This is a quasi medical philosophy which I neither know, nor wish to know anything of. Could not the occurrence of the disease been more rationally accounted for by supposing malaria to have been the cause. Here were all the elements necessary to its production, in their most concentrated form. Such of the symptoms as are described were certainly more like those present in some diseases acknowledged to be miasmatic in their origin, than those presented by poisoning from the secale cornutum. But this explanation would not have given Prof. Slack the opportunity and eclat of promulgating a new theory, no matter how absurd soever it might be. But after all, the gentleman is no nearer the solution of the difficulty than at first, for his theory would only account for its occurrence in the beast, and unless we suppose that this "Ergodeleteria" remains in a sufficiently concentrated form to poison the meat to an extent fatal to all partaking thereof, and also the butter and milk during life, we have no solution at all. The theory of its mineral origin, with such a supposition as this to assist it would be far more worthy of credence.

In considering this latter theory of the origin of milksickness I shall be as brief as possible. It is supposed that in the fall of the year, when the waters are low, there is some noxious mineral suspended in them, and the cattle when they go to drink at the creeks and pools, receive this poison with the water and thus contract the disease. There are several mineral productions which have been supposed to exert this baneful influence. but what the grounds for a belief in this view of its etiology are, I cannot conceive, nor will this theory bear the test of investigation any better than those we have just considered A remark which I previously made in reference to its vegetable origin, applies equally against the theory now under consideration; for whatever mineral we attribute the disease to, such should be found constantly present in the waters which are said to give rise to the disease, and when such is not the case we should not expect to find the effects of a poison which does not exist. Dr. Drake in his memoir on milksickness, denies there having been any one mineral product constantly found in the water of the neighborhoods supposed to give rise to this malady. There is a slightly modified view of this question taken by some of the advocates for its mineral etiology. This is, that the poisonous article, whatever it is. comes up in the form of vapor, and is deposited upon the vegetation, and thus taken by the cow. But this view might be made to assist any other theory as well as this, and experiments so far, have not proved any thing capable of generating this disease, to be so deposited.

I have now briefly considered *three* of the *four* most commonly received opinions of the etiology of milksickness I shall therefore now proceed to examine the remaining *one*, which I believe is the most rational, philosophical, and in best accordance with our actual information relative to the disease.

The best way to examine this theory, will be first to give some of the reasons assigned for its support, and then examine these reasons to see whether they are valid and apparently substantiated by facts. To proceed then; it is maintained first, that milksickness usually if not invariably occurs in malarious localities, or such as are subject to miasmatic influences.

Secondly, that the disease in many instances at least, can be proven to have occured without any of the causes assigned by the advocates of other theories being present, and therefore in want of better evidence we are justified in attributing it to malaria.

Thirdly, its resemblance to certain forms of disease which are almost universally conceded to be caused by malarial or miasmatic influences.

Such are some of the reasons assigned by the advocates of this theory for a belief in its correctness. I will now proceed to consider these reasons *seriatim*.

First, That milksickness usually occurs in districts malarious in their character, is as I have before observed, almost universally admitted. Its most frequent habitation is in places where Remitent, Intermittent and Congestive fevers of various grades are most frequently and constantly seen. That we do occasionally see the disease in situations where this cause does not appear very manifest, cannot be denied, but then we do not know to what extent a patient attacked with milksickness, may have been exposed to malarial influences in another place, perhaps days before and entirely forgotten by himself. Further; we know that currents of air or other causes sometimes extend the influence of miasmatic or malarial vapors to an indefinite extent, and in such cases, I have little doubt, that could the chemist be upon the spot at the time, and were he possessed of the means of analysis sufficiently nice, the presence of the malarial vapor could be demonstrated.

Secondly, of the occurrence of the disease independent of the so called causes assigned by the supporters of other theories. This can be proven beyond a doubt. Families have been attacked, who have most rigidly abstained from the use of every thing which could give rise to the disease, through the medium of the beast either dead or alive; as see the case referred to in the previous part of this paper. In this instance the same water was used all the year through, and yet the disease never showed itself until the latter part of summer or fall when the decay of vegetation commenced. This family however lived in the immediate vicinity of a swamp, at all times wet, and sometimes overflowed to a depth of several feet. There was likewise a flat swampy piece of prairie, extending up close to the house. This prairie was always covered with a luxuriant growth of vegetation, mostly of a succulent character. At the suggestion of the family physician, this low piece of ground was cleared and drained, thus getting rid of a great portion of the superabundant moisture, and exposing the soil to the influence of the suns rays. What was the consequence? The family were afterwards, almost exempt from the disease, and only suffered when the swamps adjoining was repeatedly overflowed during the summer.

We frequently see instances of a family remaining entirely exempt, until some low rich piece of ground, upon which a thick layer of dead leaves and grass has remained undisturbed for years, is broken up, and the only partially decomposed vegetation becoming exposed, a fresh decomposition takes place and the family is then troubled with milksickness for several years, or until the previous accumulation of dead leaves &c., are entirely metamorphosed into productive and innoxious soil.

Again: cattle have been attacked by the disease when grazing in a low piece of meadow land, where they had no chance of getting water other than from the same well that the family used from; and why should a poisonous vegetable now spring up and be eaten by the beast, when it had never made its appearance previously? In these as indeed in other cases, the family as well as the beast remained entirely exempt until fall or early winter, and in many instances where the *family lived* upon an elevated and salubrious situation, *they* remained free of the disease for the entire year.

Thirdly, its resemblance to certain forms of disease, generally acknowledged to be miasmatic in their origin! This is a point which so far as I am aware, has never before been advanced in an essay on milksickness, but I am firmly convinced that the resemblance does actually exist, that I have not based my belief upon unreasonable premises.

It is generally conceded, that in diseases spoken of as *congestive* in their character, the first morbid impression is received upon the *nervous system*, speaking of this in its most comprehensive signification. That is to say, that the morbid cause, be it what it may, first exerts itself upon the nervous filaments. For instance, of the first steps in an inflamation, is congestion. But prior to the existence of the engorged condition of the vessels, essential to this state, there must be, and undoubtedly is an impression made upon the nervous filaments supplying the parts to which these vessels are distributed, and the vessels themselves; this impression results first, in a loss of innervation, or in other words a loss by the nerves of the "*vis conservatrix natura*" by which she throws off any temporary disposition to diseased, or abnormal action. In congestive fever we believe the peculiar pathological phenomenon, whence the disease derives its name, is induced by an impression made upon the nervous system, resulting in a want of power or or loss of innervation, which in its turn causes a condition of partial stagnation or congestion upon the internal organs. We know that a deficient supply of nervous influence causes coldness or a loss of the normal temperature of the parts where such deficiency exists, as in paralysis. So in congestive fever; the first impression being made directly or indirectly upon the nervous centres, the afflux of blood is towards the internal organs, because the distal extremities of the nerves are the ones upon which falls the weight of the morbid cause, their healthy action depending upon an integrity of the central organs whence they spring. The congestion thus resulting may in its turn terminate in local inflammation, such of course occurring in the weakest organs, and the ones most prone to take on this state.*

It will be inferred from the preceding remarks that it is to the congestive variety of disease that milksickness belongs; or rather that it is but a variety of congestive fever.

Let us now examine the symptoms, and see if they correspond with, or can be accounted for by this theory, and also whether they are, or are not analogous to those present in the varieties of congestive disease to which I have more special reference.

First then of the *pulse*. This find to be weak, but usually not much increased or reduced in frequency, or irregular in its beats.—It is rather what would be called a pulse of depression, or one which from sympathy with the reduced powers of the system generally, lacked its accustomed vigor. The heart however appears to beat with great violence, as if clogged and obstructed in its action, but in spite of its apparent strength it does not propel the vital fluid with its accustomed force. It is the beat of weakness —that of the organ attempting beyond its power to throw off the accumulation of blood which obstructs the normal action, and the discharge of its accustomed functions. We find the skin cool, or cold, without the patient complaining of such being the case. This we should naturally expect, if there is, as I suppose, a lowered condition of the vital functions, owing to deficient innervation.

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* "See Fordyce on fever."

The capillary vessels of the skin, having a deficient supply of nervous influence, are, from this cause, and the mechanical contraction of their parieties, resulting from reduced temperature following such deficiency, likewise deficient in their accustomed supply of blood. Restlessness and trembling are also very constant symptoms. These we find present in almost any disease in which the powers of life are depressed, or reduced to an inordinate extent. We often see them when a person is weakened by the loss of blood or great fatigue. They are but evidences of reduced power of the whole economy.

Again—the obstinate constipation of the bowels is not, in my opinion, the result of any structural derangement, but rather of a deficiency in the accustomed peristaltic and contractile efforts of the intestines. I am by no means satisfied that it is not a condition similar, and dependent upon a somewhat similar cause as is this symptom in colica pictonum; and, so far as we have pathological appearances to guide us, we are justified in the opinion. In the few *post mortems* which have been made, and of which we have reliable accounts, there have been no signs of actual inflammation in the intestines, although there is said to have been some slight abnormal redness, dependent, perhaps, upon retention of the hardened feces within the delicate lining of the bowels, or else caused by the stimulating and irritating medicines so commonly administered, for we are told that this slight redness is chiefly limited to the upper portion of the alimentary canal, although not entirely. Nausea and vomiting are also very con-tly present; yet I see no reason why we may not explain their rrence in a manner entirely consistent with my theory of the disease. What is more distressing than the nausea and vomiting sometimes attending pregnancy, or in some varieties of dyspepsia? Yet we find in those cases no organic change. They are the result of functional derangement merely. Yet, in the latter affection, the sense of gnawing and burning at the epigastrium is almost, or quite equal to the same symptoms in milksickness—indeed the appearances after death presented by the stomach are not dissimilar. In milksickness, it is true, this organ appears more red, either the result of *recent* inflammation or excessive congestion. It is not unlikely that in protracted cases, which prove fatal, the constant and severe retching and straining may have a tendency to cause the existing congestion to progress to a state of inflammation: but we must recollect how apt the inexperienced student in pathology is to mistake mere congestion for inflammation.

It may be objected that the term "loss of innervation" is vague, and in itself without meaning. This is true; but, in the present state of our science, we are obliged oftentimes to use terms the strict interpretation of which we are not acquainted with; but they, nevertheless, serve to convey an idea of the condition of disease, the cause and complication of which we do not rightly understand.

I then believe that there is no PECULIAR *disease known as milksickness*, but that the disease so called is neither more nor less than a variety of our congestive fever, of course, modified by such circumstances as constitutional or temporary peculiarities of the patient; difference in the nature or virulence of the miasmatic or malarial poison, and also somewhat by the season at which the disease usually presents itself I have previously expressed the opinion that the primary impression is made upon the nervous system. Whether it is upon the animal or organic system chiefly, I cannot say; but, from many circumstances attending the disease, I think it probable the latter is the one chiefly implicated. For instance, the secretory and circulatory systems each show great evidences of derangement. The natural temperature of the body is reduced; the functional derangement of the stomach and bowels without sufficient organic lesion to account for it, would all lead us to adopt this conclusion, as these various processes and organs are more particularly under the control of the great sympathetic system; but, from the close sympathy and connexion existing between the two, it is not probable that either could be greatly deranged, and the other remain intact.

The first impression of the disease *may be* upon the blood, through the medium of the respiratory apparatus; but of this we have no data from which to judge, and all our opinions upon this point are mere hypotheses.

We here find, then, that the symptoms of congestive fever and milksickness are not unlike; that in many respects they are actually identical The particular grade of congestive attack to which I consider it to bear the closest resemblance is, a combination of the algid and gastro-enteric varieties. Although the symptoms are not precisely similar to either one variety, yet in cases where we find an union or blending of these two varieties, we not unfrequently see a combination of symptoms almost, if not quite, identical with those here spoken of. That such a blending may take place is well known. Bartlett, at the end of his description of the symptoms of the several varieties of congestive fever, expressly says, "that two or more of these varieties may be united—sometimes the symptoms of one predominating, and sometimes those of another."

I am inclined to believe we are all a little too careless in our diagnosis of these attacks. If we see a well-marked case of congestive fever, we give it the proper name: but when we come to an array of symptoms similar to those seen in the disease called milksickness, we apply to them the popular name, because we know that these symptoms are present in the attack so called, and we fail to exert our analytical and reasoning faculties in endeavoring to class the disease in its proper place, but remain satisfied with telling ourselves "it is a case of milksickness;" and, this first wrong step being made, we are apt to commit another by treating for the *name*, and not for the *symptoms*. I am in hopes, if we all take proper pains, new and interesting discoveries will be made, which may enable us to see and treat this much feared disease, this bugbear of Western emigrants, with the same certainty and rationality as many of the best established in our nosological list.

I might, perhaps, have carried the analogy between milksickness and our common congestive attacks to a greater length with some benefit, but I conceive it to be unnecessary. The obstinate constipation is not usually present in the gastro-enteric varieties of congestive fever; but it is, to a greater or less extent, in the algid; and here I would remark, that when this symptom is overcome in milksickness, we not unfrequently see it followed by a transient diarrhœa, as also by some slight febrile movement.

Before closing, I must say a few words relative to the treatment of milksickness; and in this, I doubt not, I shall differ from most of you here present; but I cannot proceed without remarking how very desirable it would be to have some minute accounts of the appearances after death presented by the different organs of the body. Our information upon this point is most meagre and unsatisfactory. We know very little of the actual condition of the stomach and intestinal canal—nothing of the cerebro-spinal or great sympathetic systems of nerves. The latter remark applies equally to our knowledge of the lungs, liver, heart, &c. With such slender foundation, then, for our opinions of its nature, it is not unnatural we should fall into many erroneous hypotheses reregarding its actual character and treatment. I may have fallen into some of these; but, if I have, I will not be the last to discard my present views for such as are better supported.

You will, no doubt, expect from the opinions I have expressed of the pathology of milksickness, that I should treat it in accordance with such views; nor will you be mistaken. But, from the peculiarly irritable condition of the stomach, we are debarred using remedies of an irritating or nauseous character until such irritability is allayed, and even then to any great extent, for fear of causing a return of the same.

The treatment I have found most successful consists, first, in the administration of

Hydrarg sub. chlor. gr ij. vel.iij.
Soda bi carb. gr.v.

Repeated every one, two or three hours.

The soda bi carbon. serves to neutralize the excess of acid in the stomach, and the combination is almost invariably retained, and rarely fails in producing the effect desired. If this should not succeed, we may give the aqua camphora or small doses of morphia, or a weak solution of kreosote in water. I once tried this latter remedy in a case where all others had failed, and it answered the purpose intended in a most satisfactory manner.

Having now somewhat quieted the stomach. I give a brisk cathartic. This is beneficial in two ways: first, it stimulates the intestinal canal to its accustomed functions; and secondly, it is absolutely essential to evacuate the bowels of all offensive matters, or else the retching and vomiting are sure to return. I usually prefer the infusion of senna, or the pulv. jalapæ comp., because they are generally retained by the patient, and act in an efficient manner; but others may be used to suit the preferences of the physician, or to meet the exigencies of the case.

The excretory processes of the body must be renewed: and in no way can we do this with the same certainty as by evacuating the alimentary canal. If the remedies previously advised do not succeed, we have no time to lose.

The croton tiglii may be resorted to now with benefit, and its administration persevered in till an evacuation is procured, or the stomach becomes irritated by it. As soon as I have procured a full discharge from the bowels—and this we usually find to be of a tarry consistence, and very fetid—I begin at once the administration of quinine in some form. This I would have done previously, but, owing to the extreme gastric irritation, kept up, perhaps, by the retention of excrementitious matters in the intestinal tube, a remedy of so nauseous a character could not be retained.

The administration of this remedy is often followed by a tranquil sleep, and a warm perspiration breaks out all over the body. I continue the use of quinine for several days, or until the patient is convalescent. The tinct. ferri chlor., or some other preparation of iron, may now be substituted. You will at once perceive I have said nothing of general or local blood-letting or counter-irritants. The first I consider entirely inadmissible. The second in the shape of cups or leeches, if the latter can be had, to the epigastrium, I conceive *might* be beneficial, although I prefer counter-irritation by blisters or sinapisms, which I have usually found to answer every indication to be expected from their use. Sinapisms along the spine are also of benefit.

The general administration of irritating stimulants, such as brandy and whisky, &c., I do not approve of, as they can, in the inordinate quantities usually allowed, but serve to increase the gastric irritation already existing. Under certain conditions, however, weak brandy toddy or small quantities of wine are useful. I had forgotton to state that when I give cal. and sod. carb. the first dose or two is followed by a powder of cal. gr. x., chlor. sodium gr. x. This usually greatly assists the purgative subsequently administered in its desired effect.

I should think that the ferri et quinia citras would be a most excellent substitute for the quinine alone, being less bulky and nauseous, at the same time it combines the tonic and antiperiodic properties of both quinine and iron. I have never been able to procure it, but shall endeavor to do so, in order to test its efficacy in the disease now under consideration.

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ART II.—*Uterine Hydatids.* By DELOS W. YOUNG, M.D., Aurora, Illinois.

OCTOBER 25th, 1853, I was called to see Mrs. F. aged 18 years. Has been married three months, and is laboring under an attack of leucorrhœa. She gave me the following history of her case. She first began to menstruate at the age of 13, when she was advised by her sister and other *female* friends to expose herself to cold and wet, in order to *harden her system*, assuring her that she could do so with impunity, and bear her future *turns* much better. Accordingly, she went barefooted, and stood in a tub of cold water. She took cold, which produced suppression of the menses, followed by fever of several days duration; since which time she has suffered from periodical attacks of leucorrhœa, but has never menstruated regularly.

I now found her anemic, with feeble circulation; bowels have been constipated for the past year; complaining of headache and general prostration. Leucorrhœa profuse and somewhat painful. Ordered cathartic mixture (composed of aloes, spts. lavendula comp., soda bicar. and water), astringent vaginal injections, wine and iron, with nutritious diet.

November 14.—I find my patient's general health much improved, bowels more regular. Advised continuance of tonics.

March 22d, 1854.—I was called to see Mrs. F., and found her with profuse uterine hemorrhage; abdomen slightly bloated, but yielded readily to treatment with ergot and cold applications to the abdomen.

April 8.—Had another similar attack, which was relieved by like treatment.

May 30.—Was called to see patient; had some hemorrhage; bowels bloated, and complaining of pains in the hypogastric region. Supposes herself pregnant, but utterly refuses to submit to a vaginal examination. Ordered rest in a recumbent posture, and cold applications to the abdomen.

June 18.– Had another attack of hemorrhage, and abdomen is more distended. Still refuses to submit to a vaginal examination. Treatment as before.

June 28.—Is attacked as before, with fulness of abdomen increasing.

July 18, 5 o'clock, A.M.—I was called in haste; found patient with a slight attack of hemorrhage; much agitated; suffering severe pain in the uterine region; abdomen largely distended. Has not slept during the previous night. Refuses to be examined. Prescribed anodyne, with cold applications to the abdomen and vulva, and perfect quiet.

10 o'clock, A.M.—Patient attacked suddenly with profuse hemorrhage. I being absent, my partner, Doctor Abner Hard, visited the patient, and found her cold, faint, and almost pulseless. Made vaginal examination; found os tincæ slightly dilated, so as only to admit the index finger. Could touch a soft, pulpy mass, supposed to be clots of blood, but could feel nothing like a tus. Owing to profusion of hemorrhage, and prostration of

the patient, he prescribed brandy, camphor and ergot, introduced ice into the vagina, and applied warmth to the extremities; which, with kneading of the bowels, secured contraction of the uterus, and expelled some clots of blood.

Hemorrhage ceased. pulse began to improve. Made another examination; found os tincæ as before. Felt a substance resembling placenta, but could detect nothing like a fœtus. Continued stimulants, and despatched a messenger for me. I arrived at 11½ A.M.; found patient as above described.

Advised continuance of brandy, with addition of chloroform, and repetition of ergot, as there was a little hemorrhage.

12½ P.M.—Patient has some uterine pains, with more hemorrhage. Made examination, and removed small pieces of a substance resembling placenta.

1 o'clock P.M.—We found the os tincæ sufficiently dilated to admit two fingers, and removed a substance found to be uterine hydatids. Contraction continued regularly, until we succeeded in removing about five quarts of hydatids, resembling in form clusters of grapes, a large quantity of which we have preserved in alcohol.

After treatment, applied bandage round the body; ordered cold to the vulva and abdomen, with perfect quiet in the recumbent posture.

July 14.—9 o'clock A.M.—Patient rested well; no hemorrhage, and convalesced gradually; up to this time is doing well.

Query.—How long have the hydatids been growing? Was their growth the cause of leucorrhœa, and consequent ill health? or was the leucorrhœa and copulation the cause of their growth?

Editors, please give your opinion.

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ART. III.—*Case of Complete Occlusion of the Os Uteri.*

By B. N. BOND, M.D.

Feb. 1, 1853.—I was called to Mrs. H. at 8. P M., in labor with her first child. She was an Irish woman, stout and large, aged 24 years; had strong pains since 4 P.M. The pains were urgent and powerful, forcing the head, covered by the uterus, low down into the vagina. No os uteri could be felt; but about the centre of the tumor, and protruding from the vagina, could be felt a firm, hard point, with several ridges diverging from it. On inquiry I found that, in the August preceding she had a severe attack of remittent fever, followed by a *purulent*, *offensive* discharge from the vagina for several weeks after convalescence. I at once concluded this to be a well-marked case of total occlusion, and requested consultation, which was sent for. I gave her an opiate, which put a stop to the pains till 4, A. M., when they returned with increased severity. Believing that, if left alone, rupture would take place before Dr. Jones could arrive, I at once proceeded to make an incision transversely across the hard point, about one and a-half or two inches in length. This dilated, and in ten minutes she was safely delivered of a fine healthy daughter. Recovery was slow, on account of an offensive discharge from the vagina; but she finally recovered perfectly, and is now, July 30th, again pregnant, with every prospect of a happy termination. Believing that but few cases of *total* occlusion are met in practice, I have given a detail of all the facts of this, to me, new and interesting case.

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ARTICLE IV.—*Address of* J. W. SPAULDING, M. D., before the Knox Co. Medical Society, July, 1st 1854.

Gentlemen of the Knox Co. Med. Society.—In laying down the honors and retiring from the office of presiding over you for the last year, conferred upon me by your confidence and partiality, I feel it due to you, to return you my sincere thanks, and to establish a precedent which I hope will be followed by my successors, to the benefit of Medical science, and the establishment of professional union and courtesy. Gentlemen, we find a maxim laid down in a good book, upon which we may well ponder, it is this "A house divided against itself cannot stand." We have adopted a code of ethics which if duly observed will carry us clear of all professional jealousy, bickering and strife, which sometimes unfortunately occurs among professional brethren, to their own discredit, and compromises the influence and interests of the profession.—The science of medicine is a noble science, and if rightly appreciated and understood by its votaries, will make them kind, generous and humane. It is a progressive science, and he who wishes to be the greatest benefactor to the human family, in arresting disease and turning aside her shafts, must drink *deep* and *often* at her fountains. And gentlemen, let me advise you to strive and contend, not for practice and dimes, but for knowledge and wisdom. Let us for a moment compare the science of medicine with some of the special systems of empiricism and charlatanry in our land. Homœopathy, claims to be an exact science, and Hannemann, like a philosopher of old, was enabled to exclaim *Eureka.* There are but two points in the so called science viz.: "Similia, Similibus Curanter" or, like cures like, and infinitesmal doses. We will look at the first point and see whether it holds good as a general law Hannemann says, that he utterly failed to cure disease, whenever he gave medicine in any considerable quantity, furthermore that it greatly aggravated the disease, and he only succeded when he used the minutest doses, the decillionth part of a grain or the thirtieth dilution. Now a person with one spark of common sense is enabled to see, that when a remedy in an inflammation is withheld, that is calculated to produce that state of the system, and a dose occasionally given of the thirtieth attenuation or dilution, which is inert that the case is left to the efforts of nature, good nursing, and restricted diet to get well. There is a vast difference between recoveries and cures, that is sometimes not appreciated, and when nature restores one case that is doubtful or considered so under an empiric it is considered marvelous, and heralded over the land, whereas the regular practice may cure forty desperate cases, and it is no more than they expect of us. These things, after all, satisfy me that the community consider it a wonderful escape, and we think the Homœopathists are confuted by their own argument.

We will next notice the infinitesmal doses, the thirtieth dilution which Hahnemann declares is infallibly the most appropriate dose, as well for chronic as for acute diseases, consists of a decillionth of a grain or of a drop of the drug, thus we have 1,000,000,000,000, 000,000,000,000,000,000,000,000,000,000,000,000 000 000 000, of a grain, or drop.

The Homœopathic list of drugs, includes a number of medicines that possess (according to Homœopathy) the power of producing various moral and religious states and symptoms. Sulphur produces in a healthy person, the feeling of "despair of eternal salvation." A dose of pulsatilla, produces, "despair of eternal happiness with continued praying, hymns, and devout aspect." Veratrum produces "extraordinary taciturnity, with oaths on the slightest provocation and raving about religious matters." It is the doctrine of Hahnemann that the most of chronic diseases are produced by psora or itch, and Dr. Muir has discovered a new and grand specific, which consists of the human louse, or "pediculias capitis" Dr. Muir found that doses of louse tea were capable of creating 283 different symptoms to which he devotes twelve pages to show it to be a marvelous specific for the itch. Dr. Herring recommends swallowing "bugs in the thirtieth dilution" for curing the inflammation arising from bug bites. You will find contrasted with the above in the regular science, its votaries investigating in every department, and whenever a substance is found, and proved by experiment and investigation, calculated to alleviate human suffering and misery, it is received as a boon to the race, whether coming from the animal, vegetable or mineral kingdom, you also find powerful minds investigating every department of the science and bringing in their knowledge to the general stock. But, gentlemen there are other empirics in our land, to wit.: Hydropathy and Botanic. Cold water, or rather water at various temperature is a therapeutic agent of great value, and has been in the hand of the profession for centuries, however, the idea embraced by some that water is a specific for all the ill that flesh is heir to, to the exclusion of all else that a bountiful providence has provided, is evidence of an ignorant and contracted mind, and as well might the mariner when he leaves port place the bow of his ship towards the desired haven, lash the helm, throw overboard the charts, compass and quadrant. and notwithstanding the variable winds and currents, expect to reach his port in safety, without being driven from his direct course, or buffetted by the winds and waves. The botanic comes next and is the most contemptible of all. Thompson and all his crew." they deal in vegetable remedies because they are *harmless* and exclude the *poison minerals*, and endeavor by pampering the prejudices of the credulous to succeed, not by science, learning and skill, but by loud boastings and pretensions.

There are many honest persons that have been made to believe that botanical remedies are harmless, and yet effectual; also, that there is some secret that the regular profession have not discovered; they, honest souls, don't know that one drop of hydrocanic acid—a vegetable acid—will produce death in an adult in two minutes, and that strychnia will produce death in ten minutes; and if they could read the journals, and see the number of deaths from Lobelia poisoning, they might think it required some skill and judgment in the dispensation of botanical remedies. Another idea—I have frequently seen pasted hand-bills by the above gentry, making boastful .pretensions, and repudiating all "mineral remedies," and covertly make use of more mercury than any regular practitioner; and if ptyalism followed, it was the old calomel they were expelling from the system. But many, from inattention, or want of comprehension, fail to see that in medicine knowledge is power, and ask for the practical evidence of our ability to treat disease. And here we shall be able to make our strongest claim upon public confidence, and our most invulnerable defence against the attacks of our enemies; but in casting around for a point at which to commence, so innumerable are the triumphs of our art, that their very abundance creates embarrassment, as neither mountain nor ocean impose a successful barrier to our onward progress, so neither the rapidly ebbing currents of life through the several arteries, nor the terrific throes of obstructed labor defy our skill, for we quietly pass a ligature around the vessel in one case, and, by the application of a safe and efficient instrument, give prompt relief to almost superhuman suffering, and save two lives. in the other; we cut short, in a few days, the miasmatic fevers of the great West, which, without our aid, prove fatal, or run a course of weeks, or even months. By vaccination we guard the community from a dangerous and loathsome disease.

But, notwithstanding our claims to the confidence of the community, there is a class who are excessively credulous, and who are on the look-out for some new way, and as soon as a new system is promulgated, follow immediately after, shouting praises to the progressive spirit of the age. They will also take great pains to patronise and recommend a boastful pretender, if he gives them a history of some marvelous cures that he has performed after all the doctors had failed.

The above class it is useless to try to convert to sound principles; it would be like casting pearls before swine, and we had better let them alone; but, notwithstanding all the detraction and abuse, the true science will prevail. But I must refrain from pursuing the subject further, and close by hoping that this society will be united in close ties of courtesy and kindness, and continue the search after truth, until we shall become a beacon that will be seen and known afar.

Again, gentlemen, accept my thanks for your kindness and confidence, and rely on my best endeavors in co-operating with you to sustain the interest and honor of the Knox County Medical Society.

SELECTIONS.

From the New Orleans Medical News.

Observations upon Primary and Secondary Amputation. By Prof. W. STONE, M.D., of New Orleans.

THE principle of immediate amputation, although beyond all doubt correct, has caused the loss of countless limbs unnecessarily, and, I believe, of as many lives as it has saved. The error, evidently, is from over-estimating the security afforded by primary over secondary amputation. The first duty of the surgeon certainly is to secure, if possible, the life of his patient; and the second, to preserve as much of his person in as perfect a manner as possible. In the anxiety to fulfil the first duty, by over-estimating the security which amputation affords, limbs are often sacrificed that are curable, and by disregarding the proper time for amputation, a life may be lost that would have been safe without an operation. In severe injuries of the extremities, if fatal, death is produced either by the concussion or subsequent pain and suppuration which exhausts the patient; or it may occasionally be from tetans or gangrene. Against the first cause of death amputation affords no security—on the contrary, it favors it. The question of amputation before reaction, I believe, is settled by every American surgeon of experience in the negative. This subject was sharply discussed in England on the occasion of the death of the celebrated statesman, Huskisson, who had both legs or thighs crushed on the Liverpool and Manchester Railroad. The Liverpool surgeons attempted to bring on reaction, but every means failed; the concussion had thrown him into a fatal collapse. The London surgeons took the matter up, blamed the Liverpool surgeons, and urged that immediate amputation should have been resorted to, and talked nonsensically of the stimulus of the knife. When one hears such reasoning, he feels the truth of the remark made by some one in the last century, that surgeons were bad pathologists, and worse physiologists.

In severe injuries, where the patient is thrown into collapse, and amputation is necessary or unavoidable, if the case is critical, it is a nice point to decide when, exactly, it can be performed with the most safety. If the patient were in great agony, and amputation could relieve it, there could be no doubt of the propriety of amputating at once, no matter what the state of pulse might be: but this is not the case; the shock has been received, the mischief has been done, the parts are in a measure paralyzed, and no very severe pain takes place until reaction. The question in such cases is, whether the injured limb is a greater source of pain than the stump would be after amputation; and considerable allowance should be made for the shock of the operation. The discovery of chloroform enables us, in a great measure, to avoid the shock of the stimulus of the knife, but not entirely. My experience is, that when amputation is unavoidable, it is best to do it as soon as reaction has fairly commenced, while the patient is under the influence of the first shock of the injury, the pulse flickering, etc. Any disturbance of the system, pain, or loss of blood, might cause a fatal collapse in a case that would be perfectly safe if managed with tact and judgment. By reaction I do not mean a full resistant pulse. The nervous system receives the shock, and is the first to react, as shown by the increased sensibility and improved capillary circulation, before any perceptible improvement in the pulse is observed. This, however, soon follows, and the pulse becomes more steady. When the system is suffering from a severe injury, it is often the case that stimulants do not act as such when put upon the stomach. In extreme cases, when the patient is in danger of collapse, it is evident to me that the stomach does not absorb, but is nauseated, and all the pressing effects of nausea are produced. The rectum can scarcely be said to sympathize with the system in general, and always preserves an active absorbing surface. Stimulants given by injection produce ready effect; and I always use my stimulants in this way where the patient is in danger, even when he is perfectly able to swallow, for they are much more prompt and effective. If too long a time elapses after an injury before amputation, the sensibility of the limb, which was at first paralyzed, becomes highly exalted; and although we can, by the use of chloroform, prevent the shock from the operation, we have fresh wounds in parts in a morbid state; the stump is much more painful, and, as a general rule, does not do as well as when the operation is performed earlier. By the above I mean a state of the parts before any decided inflammatory action has taken place, and my firm conviction is, that where no large joints are involved, or parts injured that will give extreme pain to the patient, he will have a better chance for his life if we give him a chance for his limb also, even if we have to resort to secondary amputation—I mean if the most favorable period for operating as passed.

From the Lancet.

Epidemiological Society—On the use of Vegetable and Mineral Acids in the Treatment, Prophylactic and Remedial, of epidemic disorders of the Bowels. By J. H. Tucker, Esq

The author commenced by alluding to the remarkable, but well-established fact, that in 1849 the cider districts of Herefordshire, Somersetshire, and part of Devonshire, were to a great extent exempt from the epidemic ravages of cholera, while the disease was raging around. Upon further inquiry, it was ascertained that this exemption was confined a good deal to those individuals who drank cider as a common beverage, and that those who partook of malt liquor suffered. He also remarked that. in some parts of France and in Normandy, more particularly where cider is the common beverage, cholera is seldom known to exist; and further, that Switzerland was reported to have been free from its visitation.

Having adduced these and other facts in proof of the prophylactic power of cider, the author expressed his opinion that other vegetable acids would be found of service, such as lemon or orange-juice, and sour wines made from grapes, or even from gooseberries. And as it would be found impossible to supply the whole of London with a sufficient quantity of pure cider. Mr Tucker suggested that *vinegar* might be found a useful substitute in case of another outbreak of cholera, provided that it could be obtained in a state of purity. In confirmation of his view of the sanative and medicinal virtues of vinegar, the author quoted Hippocrates, who (*de natura meliebri.*) 'employed white vinegar medicinally"—Plutarch and Livy, who refer to the use of vinegar by Hannibal, in his passage over the Alps, when he is said to have "softened the rocks with fire and vinegar, an operation which the author facetiously regarded as rather metaphorical than chemical, as the vinegar, swallowed by the troops probably sustained their strength, and thus in effect softened the asperities of their rough way. The author also quoted from Roman history the story that "Scipio Africanus is said to have gained a great battle with a few skins of vinegar," the troops refusing to march until the general had obtained a supply. Cæsar was also reported to mention in his Commentaries the supply of vinegar to the troops; and Mr. Tucker remarked that the drink of the Romans in all their campaigns was vinegar and water, and, sustained by that beverage, they conquered the world. Modern authors (Sir John Pringle, Sir Gilbert Blane, and others) were also quoted in proof of the antiseptic and medicinal qualities of vinegar. The author then proceeded to show that acid drinks were not only preventive, but remedial in epidemic disorders of the bowels. Cases were related, in which not only were exempt from attacks of cholera raging around them who drank long draughts of cider, but a case of cholera was also related, which yielded to the diluted juice of sour apples. The efficacy of the *Mineral Acids*, especially the sulphuric, in diarrhœa, was also advocated by reference to numerous facts and authorities. He also referred to some established facts connected with the spread of epidemic dysentery in the army, showing the efficacy of vegetable acids in that disease.

In conclusion, Mr. Tucker suggested a necessary caution relative to the use of the wretched and unwholesome substitute for vinegar commonly sold in the London shops.

The discussion which followed the reading of the paper, elicited many facts in confirmation of the author's views; and, as to the efficacy of sulphuric acid largely diluted with water, in choleraic diarrhœa, there was not a dissentient voice.

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From the N Y Med Times,

On Treatment of Rheumatism in New York Hospital By J. B. Chapin, M.D., Resident Physician.

The plan of treatment usually pursued was: If the patient presented himself with unusual excitement of the skin and pulse, to administer a mixture of sulphate of magnesia and tartarized antimony until the skin was relaxed, and the pulse reduced to a more natural standard. The Rochelle salt was then directed in drachm doses. every two or three hours during the day time, till the urine was rendered akaline, when it was gradually suspended. A lotion of carb. potass. ℥ j. with opium ʒij. to the pint of water, was not attended with disagreeable consequences, with the exception occasionally of some ulceration about the fauces, in no case was its action so severe upon the bowels as to require its entire suspension. The persons attacked were in the full vigor of health, and the character of the disease acute in its form. The frequency of its administration of the remedy was governed very much by the reaction of the urine.

On the admission of the patient, the urine was tested; and, in all cases, was found to be of acid reaction, and the secretion of the skin presented the usual acid odor The treatment was generally commenced the second or third day after admission, and the urine was rendered of decided alkaline reaction in an average of five days after its commencement; the longest period it resisted the alkaline reaction having been twenty days, and the shortest two. The secretions of the skin have not, I believe, been noticed to alter. In one case, attended with profuse perspiration, which yielded readily to treatment, the colored shirt the patient wore entirely lost its color; and it was suggested whether the same change did not take place in the perspiration as in the urine. The average amount of the salt administered was from five to seven ounces.

The average date of commencing improvement was seven days after commencement of treatment, coinciding, in the large majority of the cases, with the commencing alkalinity of the urine. The improvement was invariably permanent, and after the urine was rendered alkaline, *no new articulations were affected*, as a general rule.

The average period of convalescence was twelve days after admission, and the whole duration of the disease, including the period previous to admission, was twenty-two days. Of thirty cases treated by Dr Swett, during April and May, 1853, during which time no uniform course of treatment was pursued, the average duration was five and a half weeks. One of the most gratifying results of the alkaline treatment was the diminished frequency of cardiac complications. Twenty-one of the twenty-five were free from any complication, three were *admitted* with arotic obstruction, and one with regurgitation. Not one patient was attacked with any heart complication during the treatment of the disease. Comparing this result with the practice last year, it was found that four had mitral regurgitation, six arotic complication, and three suffered from pericarditis; thirteen in all, out of thirty.

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Effects of Cod-liver Oil on the blood.—A paper was read by the Royal Society:—"On the changes produced in the Blood at the Administration of Cod-liver Oil and Cocoa-nut Oil." By Theophilus Thompson, M. D., F. R. S.—The author has found, that during the administration of cod-liver oil to phthisical patients their blood grew richer in red corpuscles, and he refers to a previous observation of Dr. Franz Simon to the same effect. The use of almond-oil and of olive-oil was not followed by any remedial effect; but cocoa-nut oil results were obtained almost as decided as from the oil of the liver of the cod, and the author believes it may turn out to be a useful substitute. The oil employed was a pure cocoa oliene, obtained by pressure from crude cocoa-nut oil, as expressed in Ceylon and the Malabar coast from the Copperah or dried cocoa-nut kernel, and refined by being treated with an alkali, and then repeatedly washed with distilled water. It burns with a faint blue flame, showing a comparatively small proportion of carbon, and is undrying. The analysis of the blood was conducted by Mr. Dugald Campbell. The whole quantity abstracted having been weighed, the coagulum was drained on bibulous paper for four or five hours, weighed. and divided into two portions. One portion was weighed and then dried in a water oven to determine the water. The other was macerated in cold water until it became colorless, then moderately dried, and digested with ether and alcohol, to remove fat; and, finally, dried completely, and weighed as fibrin. From the respective weights of the fibrin, and the dry clot, that of the corpuscles was calculated. The following were the results observed in seven different individuals affected with phthisic in different stages of advancement:—

		Red corpuscles.	Fibrin
First stage, before the use of cod-liver oil, .	Female,	129.26	4.52
	Male,	116.53	13.57
First stage, after the use of cod-liver oil, .	Female,	136.47	5.00
	Male,	141.53	4.70
Third stage, after the use of cod-liver oil .	Male,	138.74	2.23
Third stage, after the use of cocoa-nut oil, .	Male,	139.95	2.31
	Male,	144.94	4.61

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From the Lancet

An Example of the Concurrent Development of Cancer and Tubercle. By SEPTIMUS WM. SIBLEY, Registrar to the Middlesex Hospital.

(*Communicated by* MR ARNOTT.)

This was the case of a woman, aged forty-eight, admitted into the Middlesex Hospital, with a sloughing cancerous sore in the left breast; there was a hard tumour on the inner side of the size of an orange, and several small nodules of cancer at its edges. In the course of five days after her admission nearly the whole remaining portion of the tumour sloughed away, leaving a clean looking surface, which immediately began to cicatrize. Subsequently, pulmonary symptoms became developed, profuse expectoration followed, and she sank and died three months after her admission.—On making a section of the structure of the left breast, it was seen to be an extremely dense form of infiltrating scirrhus, traces of breast tissue, such as ducts, being very apparent. In the thorax, large masses of tuberculous lung tissue were observed. Tubercular cavities existed in the apices of both lungs; a part of the lower lobe of the right lung was in a state of green hepatization, and the bronchial tubes were thickened and dilated. In the left pleura were numerous crude tubercles. On examining the dates of this case, positive proof was obtained that a cancerous tumour was increasing in the breast simultaneously with the increase of tubercular disease of the lungs and that for a period of at least six weeks. The author thought that a single instance of the concurrent existence of these diseases was sufficient to destroy the doctrine of the absolute incompatibility of tubercle and cancer with each other. The paper concluded with some appropriate remarks on the constitutional diathesis tending to the concurrent development of these two diseases.

From the London Lancet.

Case of Mollities Ossium, preceded by Degeneration of the Muscles. By THOMAS K. CHAMBERS, Physician to St. Mary's Hospital.

The case was that of a young woman, twenty-six years of age, admitted in St. Mary's Hospital in March, 1853. She had never been able to follow any calling, on account of weak health. The principal features of the case, in the early stage, consisted in defective muscular power, the flesh of the body feeling exceedingly soft and flabby, the calf hanging down flaccid and baggy. During her residence at St. Mary's, the bones of the back and limbs were examined several times, without any deviation from the natural state being discovered. Spontaneous fracture, first of one femur and afterwards of the other, occurred at St. George's Hospital; and subsequently very remarkable changes in the osseous structures took place. Thus, in April, 1853, the right arm became painful to the touch, and paralytic. In May the same misfortune happened to the left upper extremity; in June the pelvic arch gave way; in July the ribs on the right side fell in, and she began to suffer much from dyspnœa and cough; in August the bones of both arms were quite soft. Towards the end of October the distortion of the lower parts of the trunk was so great, that the feces could not naturally be expelled. She died in November. The bones throughout the whole system were found soft and unresisting, and a sharp instrument could be readily passed through them. A section of the tibia was of the color of muscle, and presented to the knife scarcely more resistance than brain, its shape being retained by the aid of the tough periosteum. The microscope exhibited the bone as consisting of large fat vesicles, some containing a white, others a reddish oil. The parts next the periosteum, which felt gritty, presented, when examined under a quarter inch glass, small islands of opaque bone, the bone-corpuscles being indistinct, and the canaliculi not to be discovered. The muscular fibre presented everywhere the characteristics of granular degeneration. The account concludes by an enumeration of the points of the case most worthy of attention :—

1. The portrait which was afforded at an early stage of the disease—a stage at which it was rarely the subject of observation.

2. The impression produced by it—viz., that the degeneration of the bones was preceded by that of the muscles, and that the degeneration of the two tissues was dependent on the same crisis. and the probability, therefore, was, that such was the history of analogous cases.

3. The fact that the degeneration was least advanced in the external circumference of the bone.

4. The formation of perfect fat vesicles in both bone and muscles.

BOOK NOTICES.

The Science and the Art of Surgery: being a Treatise on Surgical Injuries, Diseases and Operations. By JOHN ERICHSEN, Professor of Surgery in University College, and Surgeon to University College Hospital. Edited by JOHN H. BRINTON, M.D.. Illustrated by three hundred and eleven engravings on wood. Philadelphia: Blanchard and Lea. 1854.

THIS is a new candidate for popular favor. We have only had time to glance over its pages; but sufficient to know that it is really what its title indicates—the Science and Art of Surgery.

In speaking of the treatment of inflammation, our author draws a judicious distinction between the sthenic and asthenic forms, while in the former he recommends venesection, purgatives, diaphoretics, calomel, &c., with the ordinary local adjuvantia, in reference to the latter he holds the following:

"In considering this part of our subject, it is of especial importance to banish the term "*antiphlogistic*," for the same treatment that would be anti-inflammatory in one form of the disease would certainly favor its progress in another. Here we must be entirely guided in the means that we adopt by the character of the symptoms. If these from the first partake of the asthenic or irritative type, we cannot at any period have recourse to the treatment that has been recommended in sthenic inflammation. If the disease commenced in an active form, the fever progressively assuming a lower and lower character merging into the asthenic and irritative conditions, so must we gradually alter the nature of our general treatment, which is always a delicate procedure, requiring much caution. Though the inflammatory fever may at first assume a sthenic form, if there is reason to believe, from the broken constitution of the patient, or from the congestive or passive character of the local inflammation, that the constitutional symptoms will not long continue of this type, we must be extremely cautious how we lower the patient by active depletion; for however high the fever may at first run, and in these cases there is often febrile disturbance of a very active character for the first few days, the disease speedily expends its force, and rapidly subsides into a low form. In such cases as these, which are of very common occurrence in London practice, more particularly in hospitals, we should never bleed, but content ourselves with clearing out the bowels, keeping the patient quiet on a moderate or low diet, and administering diaphoretic salines. As the symptoms gradually merge into the typhoid type, the pulse with increasing frequency diminishing in power, the tongue becoming dry and dark, and the other symptoms of asthenia beginning to show themselves, we must begin to give some stimulant in combination with the salines. The carbonate of ammonia, in five or ten grain doses, may be given in an effervescent form, with fifteen grains of the bicarbonate of potass, and a sufficient quantity of citric acid, every third or fourth hour. The nourishment must be increased; and small quantities of wine or alcoholic stimulants may be conjoined with it in proportion as the symptoms of debility become more and more urgent. In effecting this change, we must be careful not to run into the error of over-stimulating our patient; this may be avoided by observing the influence exercised on the pulse and tongue by the change in treatment.

"In many cases it happens that the symptoms so rapidly sink into, or, from the very first, assume so asthenic a character, that the only treatment that holds out a chance of saving the patient's life consists in the early and free administration of stimulants and mild nourishment, such as ammonia, wine, or brandy, with beef-tea and arrow-root; and of these large quantities may be required in the four-and-twenty hours, the patient evincing a tendency to sink whenever their use is interrupted. The brandy and egg mixture of the pharmacopœia, if well made, combining as it does nutriment and stimulus, is the best remedy that can be administered in many cases.

"As the asthenic passes into the irritative form, we may find it necessary to conjoin opiates in repeated doses with the general treatment. In giving these preparations, our object should be to procure sleep, and tranquillize the system, but not to narcotize the patient.

"In these low forms of inflammatory fever, congestive pneumonia, and asthenic bronchitis, usually supervene. In this complication, the following draught may be advantageously given every third or fourth hour:—℞. Tinct. camph. comp. (tinct. opii. camph. U.S.) min. 20, ammonia carbonatis. gr.v., decocti senegæ, ℥iss., with rubifacients, blisters, or dry cupping to the chest. The diarrhœa that not unfrequently occurs must be met with aromatic confection, kino or catechu in chalk mixture; and if the urine cannot be passed, it must be drawn off by the catheter."

The same rules are laid down for the treatment of gangrenous inflammation. We have used in this latter, with much success, the tr. ferri muriatis, which, as our readers will remember, has been recommended so highly in erysipelas. We have given it in doses of from twenty to thirty drops every three or four hours, until the general and local symptoms began to abate. We do not believe this to be a specific; but we have repeatedly seen, under its influence, a small, quick pulse become slow and full, the organic actions, both general and local, stimulated, the line of demarcation between the living and dead tissues rapidly formed, and the progress of the disease at once arrested.

This remedy must, of course, always be administered with a reference rather to the general condition of the patient than to the local disease; but we think that in a large number of cases, especially among hospital patients, it is indicated. Under the head of operations we find the following directions for the preparation of the patient:

> "This preparation must not consist in any routine system of purging and starving, which is ill-calculated to support the constitution against the call which will be made upon its powers, but, by adopting our means, according to the condition of the patient. Indeed, in many of the more severe cases of compound fracture and disease of the joints, it is only by the use of a nutritious diet, and by the administration of stimulants, often in large quantities, that the patient can be brought into a condition to bear the shock and consequent depression of the operation. It will often be found necessary to administer from half a pint to a pint of brandy, with perhaps a considerable quantity of wine, together with eggs, beef tea, and other nourishment, for some days before the operation can be undertaken. This is more particularly the case with hospital patients of bad constitution, who have met with serious accidents, attended by much suppuration and irritative fever. In the more chronic cases, the time should be seized for the operation when the secretions are free, the tongue clean, and the action of the skin and kidneys in a healthy state—and above all, the mind should be kept tranquil and hopeful, being allowed to dwell as little as possible upon the impending event."

Professor Erichsen uses chloroform, believing that it diminishes the danger from shock, while it secures to the patient immunity from suffering. Our author's views of the mode of administration, the points to be attended to, the effects of the anæsthetic, and the conditions in which it is admissible, will be seen from the following extract:

"The *administration of chloroform* is best commenced before the patient leaves his bed. This should never be given but by a person accustomed to its use, and in whose capability the surgeon has full reliance, as nothing embarrasses him more, during the operation, than to have any doubt about the chloroform being properly administered. The following is the way in which chloroform may, I think, most conveniently and safely be administered. On a piece of folded lint, about two inches square, and consisting of three doubles, about ʒj of choloroform is poured, and the lint is then held at a distance of about three inches from the nose of the patient, so as to permit the very free admixture of air with the first few inhalations. After a lapse of about half a minute, the lint is brought nearer to the patient's nose, to within a distance of perhaps an inch, being never allowed to touch; at the same time a porous towel is laid over the face of the patient, and the hand of the operator, so as to prevent the escape of the chloroform vapor, but not to interfere with the admission of air. During the whole time it is the duty of the administrator to keep his hand on the pulse, and occasionally to examine the pupils of the patient.

"The principal points to be attended to during the inhalation of this potent agent are, that it shonld not be given too suddenly, or in too concentrated a form, and that whilst under its influence the patient be not raised up off the couch to table If the lint is too much saturated with it, and be held too closely applied to the mouth and nostrils, the patient will not be able to get sufficient atmospheric air, and may speedily become asphyxiated, choking violently, struggling to get free, and becoming purple in the face, with a full slow pulse. Whilst under its influence the patient should never be raised up, as has just been stated; for as this agent exercises a powerful sedative action on the heart, sudden and perhaps fatal syncope may ensue, by putting the patient in the erect position. Hence, also, it is dangerous to administer it in those operations that require to be performed whilst the patient is in the erect position. It is well to caution the patient not to take anything to eat for two or three hours before its administration, lest it induce vomiting of the partially digested meal. With due caution, it may be given with perfect safety to individuals of all ages. I have operated on infants less than a month old, as well as octogenarians, under its influence. In administering it to young children, Dr. Snow recommends that it should be diluted with rectified spirit. The operation should never be commenced until the patient is fully under the influence of chloroform, so that the muscles are perfectly supple and relaxed, as otherwise the semi-conscious struggle of the patient will only tend to embarrass and increase the difficulties of the operator.

"The first influence of chloroform appears to be exercised on the nervous system, the patient becoming excited and talkative; but this passes away speedily, a state of complete insensibility coming on, the muscular system at the same time becoming paralyzed, and the patient consequently being completely deprived of sense and motion. When the chloroform is given slowly and carefully, it enters the blood, and being conveyed by this fluid to the heart and nervous centres, acts directly upon these organs. Its influence upon the heart is well marked, the pulsations becoming less frequent and forcible, and are indeed often so much diminishin power, that the jet of blood from cut arteries is materially lessened in force. The respirations become shallow and feeble in proportion as the sensibility of the nervous system and the energy of the muscular movements are lessened, and the blood becomes dark and venous; in fact, a semi-asphyxial condition sets in. When in this state, the patient is on the very verge of death, and requires the most careful watching on the part of the person who administers the chloroform. His finger should never be off the pulse, or his eyes taken away from the countenance of the patient, as the inhalation of a small additional quantity of this potent agent, the application of the vapor in too concentrated a state, or suddenly raising up the patient, may occasion a fatal syncope from paralysis of the heart.

"In certain diseased conditions of the system, the administration of chloroform is scarcely admissible; this is more particularly the case in affections of the heart and brain. In diseases of the lungs, as in case of phthisis, it may be given with perfect safety; but as it exercises, during the early stages of its administration, a tendency to determination of blood to the head, and in the more advanced stages, a decidely depressing influence upon the heart's action, we should be careful in administering it in congestive affections of the brain, or in diseased conditions of the heart, more particularly when that organ is fatty, and weak in its action. But, though these states should render us cautious in the employment of chloroform, they do not altogether contra-indicate its use; and when the patient is so irritable that it is evident that he could not bear the shock of an operation without having his sensibility blunted by this invaluable agent, it may be administered, though with great caution. In an old man, with fatty and dilated heart, whom I lately cut for stone, and on whom it would have been impossible to have operated with any chance of success withont chloroform, on

> account of his extreme irritability, no ill effects resulted from its inhalation.
>
> "When injurious effects have followed the administration of chloroform, they have arisen from two opposite causes, the induction of asphyxia or of syncope; both conditions being well marked by the ordinary signs attending them—the asphyxia having been induced by the vapor being administered in too concentrated a form, without admixture of atmospheric air; the syncope, by the depressing influence of the agent on the heart's action. In the first case the treatment must consist in the establishment of artificial respiration, if necessary through an opening in the trachea, dashing cold water upon the face, and exposing the surface of the body to a cold current of air. When syncope has come on, the transmission of electro-magnetic shocks through the chest, head, and spinal cord, with the establishment of artificial respiration, will be the most effectual means of restoring suspended animation."

The American editor states in this connection that chloroform is not generally employed in this country, preference being given to sulphuric ether. We presume he represents the views and practice of the profession in Philadelphia; but, unless we are very much mistaken, the proposition is not true when applied to *this country*. The editor may possibly be laboring under the mistaken idea that all our surgeons, north and south, east and west, not only think as Philadelphia thinks, but are disposed to sleep as Philadelphia sleeps.

One can hardly restrain a smile at his closing sentence: "The numerous fatal consequences, however, which have attended, and are daily resulting from the employment of chloroform in Europe, have led to the entire abandonment of its use in this country."

Our author devotes only three pages to the subject of ununited fractures. After briefly enumerating the causes of non-union, the different operations resorted to for the purpose of effecting re-union, he sums up with the following conclusions;

> "On reviewing the various methods that have been recommended for the re-establishment of union between the separated fragments, it would appear that the excitation of proper inflammatory action, by the introduction of the seton, or by driving in ivory pegs, promises the most satisfactory result. It is by no means necessary to remove the fibrous band that intervenes between the fragments in cases of false joints, for if the proper amount of in-

flammatory action be set up, this either undergoes osseous transformation, or a sufficient quantity of callus is thrown out around it to consolidate the fracture."

It is known to the readers of this journal that Professor Brainard has recently devised a new method for the treatment of ununited fractures. This was made the subject of an essay which received the prize at the recent meeting of the American Medical Association. Having been kindly permitted by the author to see this esssay, and become acquainted with his views, we now have a case which we are treating by his method, namely, by perforating the bones with a drill. The case, with the results, will be reported in a future number of the journal.

Just as we are writing, the September number of the *New York Medical Times* has come to hand, in which we find reports of two cases of united fracture, treated in the *New York Hospital*, by Prof. Brainard's method. We copy the article entire :

" The very large number of fractures which are constantly under our care in this hospital—greater by far, I believe, than in any other institution in the country—gives to the subject of non-union of fractures a particular interest and importance to us. In the right management of this misfortune a proper appreciation of the causes which have been operating against the consolidation of the bones seems to be of great importance as a guide to us in our endeavors to bring about the wished-for union. We may explain most of the cases, I think, by reference to one of the three following circumstances :

1. *Want of power* in the system to produce or to perfect the bond of union, as is sometimes seen in exceedingly old, enfeebled patients, or in those debilitated by disease, starvation, &c.

2. *Obstructed power.*—When the vigor and plastic power of the system is complete, but when some local cause interferes with union, as too great separation of fragments, the interposition of muscles between the broken ends, too great inflammation, too much motion during the cure, &c.

8. *Diverted power*, as in those cases where the plastic powers are perfect, and the local conditions not unfavorable, but where, from the presence of some other important process, as gestation or lactation, or from severe injuries of some neighboring parts, the energies of repair are diverted from the fracture, and expended in whole or in part upon these other processes or injuries. The patient before you presents an example of the latter class. He re-

ceived, thirteen months ago, from the fall of a heavy steam boiler, an injury of his arm, which not only broke the bone four inches above the elbow, but tore and lacerated almost the whole length of the fore arm, to the extent which is pretty well indicated by these cicatrices. His injuries of the fore-arm have at last healed, after a year's tedious suppurating, granulating, cicatrizing, and contracting; but, in the meantime, it would seem that nature's attention had been withdrawn entirely from the broken humors; for it remains ununited, and with scarcely a trace of any effort toward consolidation. If my view of this case is correct, you will say why will not nature, now that she has finished the work on the fore-arm, go on and accomplish the union of the arm. She does not, and she will not do it, for this reason, viz., that so much time has elapsed since the injury, that the reparative nisus has probably ceased for ever. This disposition towards reparative actions, you know, commences with and is excited by the injury done to the part, and if proper conditions are supplied, it shows itself with the certainty of a law of nature. Even if these proper conditions are withheld for a certain time, the tendency to reparation still exists, and, though postponed, will show itself in cases of fractured bones, many weeks and even months after the original injury. This fact is well illustrated in the man in the Cottage C., whose fracures remained ununited for many weeks, on account of his miserable, starved condition before he came to us. As soon, however, as he got plenty of good, nourishing food, and began to feel its influence, union commenced, and proceeded rapidly. But if the necessary conditions are too long withheld, it would seem as if the tendency to repair had become exhausted; no action takes place, though everything seems favorable for it, and this inactive condition continues indefinitely. Now, under these circumstances, which are precisely those in which I consider our patient to be, nothing will be done toward the union of this fracture unless we can re-excite this exhausted reparative condition; and this is the principle upon which the cure of these cases always is, or ought to be founded. First remove the obstacles which have been preventives of union, and then re-excite the reparative nisus. I need not recount to you the various methods in use to accomplish this purpose. You probably all are aware that the seton, resection, wiring the bones, introducing ivory pegs, &c., are all founded on the principle above mentioned, and are all of them in their proper place eminently valuable surgical resources. Statistical reports show that these methods have been followed by a great and satisfactory degree of success; but, unfortunately, this success has not been attained without danger, and in a certain proportion of the cases where these severe operations have been performed, death has been the result. It is this fact which makes us so solicitous to devise some procedure in these cases which, while it shall be effectual, shall also be safe. I propose, in this case, to adopt a plan which was first suggested to us by Dr. Brainard, of Chicago, and which consists in boring through the opposed fragments with a medium-sized drill, and thus wounding in several points the surfaces where we wish to excite the new action. These wounds can be made. all of them, through a single little hole in the skin, by sliding the skin along, and passing the drill in various directions. After these holes have been made, the small external wound is closed with adhesive plaster, and easily heals. [The operation was performed, four holes being drilled through both fragments. The bone was so soft that the drill passed with great ease The arm placed upon a tin splint.]

"June 14th.—I present you with another case of fracture which has now refused to unite, though it is three months since the leg was broken. There seems to be no good reason why this fracture should not unite; and I therefore propose to treat it in the same manner as we treated the last case, by drilling holes through the opposed fragments. [Six perforations were made through the tibia, and the limb placed in a fracture box.]

June 26.—The arm has presented very little sign of increased action; some tenderness existed round the fracture for a few days, but this has all disappeared; and I fear we shall fail here, from having too little, rather than from too much action. The leg, on the contrary, you see, has become inflamed and swollen round the seat of fracture; and, in fact, suppuration has been caused by the operation. Happily, however, this suppuration is subcutaneous, and I have and shall endeavor to keep it so. Instead, therefore, of making a free incision into this abscess, thereby converting the case into a compound fracture, I have made a very small opening, and had the matter gradually evacuated as it collected, morning and evening. Thus far, the plan has succeeded admirably. The abscess is diminishing, is free from pain, and everything promises well. [By the 19th of July the abscess, which continued to be managed in this way, had entirely healed; and on the 29th of July he was discharged, with the leg firmly united. The arm presented no evidence of union on the 1st of July. Erysipelas attacked his arm, the old scars of the fore-arm re-ulcerated, and, as the erysipelas subsided, abscess occurred about the seat of fracture; which determined us, considering the maimed condition of the fore-arm, to amputate the arm above the fracture."

The failure in the case of the arm must evidently be referred to the general condition of the patient.

EDITORIAL.

Clinical Instruction.

"But in the United States, ***hospitals are so few***, comparatively, and conducted in such a manner, that only a ***small portion*** of medical students can expect to have access to them. Hence, the deficiency must be made up some other way, and the only means for supplying this deficiency must be found in the office of the private preceptor. For the amount of real and useful clinic instruction, derived from clinical lectures and public surgical operations performed in the amphitheatre of our medical colleges, is very small indeed; and also a great portion of that derived from the amphitheatre of the American hospitals is not much beter; and what is obtained, is mostly on *chronic* diseases, leaving those of an acute character. with which the country practitioner has most to do, almost wholly unnoticed."

The above paragraph is from an essay on Medical Education, presented to the Medical Association of Southern Central New York. The same ideas were advanced by Dr. Z. Pitcher, of Detroit, in his Report on Medical Education, read to the American Medical Association in May, 1853; and similar representations in reference to *American* clinical instruction, have been so frequently advanced in essays and public addresses, that it may not be amiss to examine the subject briefly. That medical students and teachers in this country still pay too little attention to clinical instruction, we will freely admit. This, however, is not owing so much to the *small number* of hospitals, or the manner in which they are managed, as it is to the want of any adequate appreciation of the importance of this department of medical instruction, on the part of students and the profession generally. For instance, there are permanent and well-filled hospitals in Boston, New York, Philadelphia, Baltimore, Charleston, New Orleans, Cincinnati, Chicago, Buffalo. and several other cities; making a *number* amply sufficient to accommodate every student in the United States who is prepared by previous study to profit by attending them. Neither is it true that the clinical instruction capable of being given in the hospitals of this country "is mostly on *chronic diseases*, leaving those of an acute character, with which the country practitioners have most to do, almost wholly unnoticed."

On the contrary, by far the larger part of those received into our hospitals are laboring under the most severe forms of fever, inflammation, &c., together with serious surgical injuries and diseases. So far as we have been able to observe, the proportion of *acute* febrile and inflammatory affections in our hospitals is greater than is usually met with in private practice. Hence, if a large proportion of those who annually enter the ranks of our profession, do so without adequate clinical instruction it is not from a deficiency in the *number* of hospitals, or in the kind of disease admitted into them. The true causes must be looked for elsewhere. In the first place, a large proportion, both of students and preceptors, have no adequate idea of the importance of direct and systematic clinical instruction. The preceptors, many of them, having never received such instruction themselves, are not likely to impress its importance very strongly on the minds of their pupils.

Hence, the selection of a medical college by the student or his preceptor is made to depend almost wholly on other considerations. And among these, *pecuniary* considerations are certainly not the least influential. The great mass of medical students in this country possess limited pecuniary resources, and are compelled thereby to limit in a corresponding degree their privileges. But, by some strange want of adaptation of means to ends, or some false idea of professional dignity, the pecuniary expense required for attendance on most of those schools where good hospitals are accessible is so great, especially when compared with the expenses required at a considerable number of other schools where *no hospitals exist*, that it presents a strong barrier in the way of the student, and directly prevents that full and universal recognition of the importance of hospital or bed-side instruction, which is necessary for the welfare of the profession and the community. But, aside from all these considerations, there is, undoubtedly throughout the hospitals of our country great defects in the arrangements for clinical teaching. In many the time devoted to the subject is not at all proportionate to its importance. For instance, in Cincinnati, Philadelphia, and other Atlantic cities, where large hospitals exist, special clinical instruction is given only twice per week, when the whole hospital class are expected to attend at the same hour. If they are admitted into the wards directly to the bed-side of the sick, their number is such, that very few of them can personally examine the patients. Consequently, they resort chiefly to the amphitheatre, where they can be seated as in a lecture-room, and view at a distance surgical operations, and *listen* to clinical instruction over such medical cases as can be conveniently moved from the wards into the room. Such clinical instruction, we admit, gives the student more shadow than substance. It is much better calculated to dazzle the eye and satisfy the mind of the inexperienced by its *show*, than to impart true skill in diagnosticating and treating diseases. And it is, doubtless, to this kind of clinical instruction that allusion is made by such writers as the one quoted at the beginning of this article.

They do injustice, however. when they represent this as the only kind of clinical institution given in American hospitals, for we believe there are several well organized institutions, in which the time given to this branch is much more in accordance with its importance. The true object of clinical instruction should be to bring the student directly in contact with the sick so frequently that he may observe all the changes of morbid action and the effects of remedies as exhibited during the whole progress of each individual case; and it should also furnish such opportunities for manual examinations as will thoroughly train the eye, the ear, and the hand in the delicate work of physical diagnosis. We know that the practical accomplishment of these objects, requires much labor on the part of the teacher, and patience on the part of the learner.

It cannot be made a work of *show* and *eloquence*, but must be confined to patient, familiar personal instruction. Of course only a *limited* number can receive such instruction at the same hour, and around the same sick bed. And yet, by proper system and arrangement, all the students who are sufficiently advanced in medical studies could be amply accommodated in the hospitals of our country. For the last four years the students of Rush Medical College have had access to the wards of the Mercy Hospital, (formerly called the Illinois General Hospital).

The institution contains an ample supply of patients, four-fifths of whom are laboring under acute diseases, embracing all the forms of fever and local inflammations. During the College term the wards are under the charge of the Professors of Surgery and Practical Medicine, each of whom devotes an hour every morning (except Sundays) to clinical instruction in their respective wards. The students who take the hospital ticket are divided into two general classes, one of which visits the hospital each morning. When there, they sub-divide, one half entering the surgical, and the other the medical wards. When the same general class visit the hospital again, the sub-divisions interchange: those who went with the surgical profession before now go with the medical. In this way, each student taking the hospital ticket visits the hospital, and receives clinical instruction every other day, or three times a week.

And yet the number present at one time in the same ward is always so limited that all can come to the bed-side, and *are* permitted to examine the pulse, the tongue, the countenance, and to individually percuss and auscultate. Not only are they *permitted*, but *required* to do this, and also to practice on the healthy chest directly under the superintendence of the Professor of Practical Medicine, until both the ear and hand of the learner are trained to their appropriate work. By the foregoing systematic arrangements, ninety students received regular clinical instruction in the Mercy Hospital during the last College term. And we must be pardoned if we claim for it the title of '*real and useful clinical instruction* ;" something more than a *mere show* over "dazzling surgical operations," and "chronic diseases." D.

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Medical Societies.

KNOX CO. MED. SOCIETY July 1st.—The regular annual meeting of the Knox Co. Medical Society was held at Galesburg, and the following officers were chosen for the ensuing year.

Dr. Jason Duncan, President; Dr. S. C. Patterson, Vice President; Dr. E. A Hamilton, Secretary; Drs. Cooper, Baily and Spaulding, Censors

Dr. J. W. Spaulding delivered before the society, a very able valedictory upon retiring from the office of presidency for the preceding year.

On motion it was voted that the address of Dr. Spaulding be sent to the Editors of the N. W. Medical and Surgical Journal for publication.

The society then adjourned to meet in Knoxville, on the first Saturday in Oct.
DR. J. DUNCAN, Pres.
DR. E. A. HAMILTON, Sec.

ANNUAL MEETING OF THE STARK CO. MED. SOCIETY, held in Wethersfield, Henry County, Ill., July, 13th 1854.

The President and Vice President being absent, on motion, Dr. Pinny was called to the chair.

Members present. Drs. Tho's. Hall, of Toulon, H. Nance, of Lafayette, A. A. Dunn, of Cambridge, Wm. Chamberlain, of Toulon, E. R. Boardman, of Elmira, G. I. Samper, of Oceola, Millikan, of Wyoming, A. R. Bodley, of Victoria, E. Pinny, G. P. Bancroft, and T. D. Fitch, of Wethersfield.

On motion of Dr. Chamberlain, the minutes of the special meeting, held in Toulon May, 23rd, 1854, were accepted.

Dr. Lamper moved to expunge—lost.

Dr. Lord, of Annawan, was proposed by Dr. Milliken, and unanimously elected a member of this society.

Society then proceeded to the election of officers for the ensuing year, when the following members were elected. President: Dr. Tho's. Hall, Toulon, Stark Co. Ill. Vice President: Dr. E. R. Boardman, of Elmira, Stark Co. Ill. Secretary: Dr. T. D. Fitch, of Wethersfield, Henry Co., Ill.

The President appointed Drs. H. Nance, Wm. Chamberlain and Milliken, Censors.

On motion of Dr. Samper, the charges of unprofessional conduct preferred against Dr. Hall, by Dr's. Boardman and Samper, were taken up.

Dr. Chamberlain moved to lay on the table—lost

The merits of the question were then discussed by most of the members present.

Vote resulted as follows :—

Yeas—Drs. Nance, Bodley, Boardman, Fitch. Nays—Dr's. Hall, Chamberlain, Dunn, Milliken and Bancroft.

Dr. Pinny, President *pro tem.* giving casting vote in favor of Dr. Hall.

Drs. Samper, Nance, Boardman and Bodley withdrew from the society.

On motion of Dr. Chamberlain, the withdrawal of the foregoing members, was recognized.

On motion of Dr. Fitch, a committee of three was appointed to present a fee-bill, for the action of this society at its next regular meeting.

Drs. Fitch, Chamberlain and Pinny were appointed said committee.

On motion, certificates of membership and good moral character were granted to Drs. Lord and Harlan.

The President appointed Dr. R. F. Henry in place of Dr. Nance, Censor.

On motion, society adjourned to meet in Toulon on the 4th Tuesday in October next.

THO'S. HALL, M. D., Pres.
T. D. FITCH, M. D. Sec.

COOK CO. MEDICAL SOCIETY.—The regular annual meeting of this Society was held on Tuesday evening, in the office of DR. PARKER.

A respectable number of members were present, and the meetin was an interesting and profitable one. Dr. De Laskie Miller, of Chicago, read a paper on *cholera infantum*, and the use of Quinine in its treatment, The essay was listened to with much attention, and was followed by a discussion which occupied the remainder of the evening. Dr. Miller was requested to furnish a copy of his paper for publication in the Journal. Hence we shall not attempt to give any detailed account of it. D.

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NEW SERIES.

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ORIGINAL COMMUNICATIONS.

ART. I.—*Morbus Coxalgia, or Hip Disease.*—By R. L. HALE, M.D., Dundee, Kane Co. Ill.

March, 15th, 1854, was called to see a patient aged 8 years, suffering with what the parents supposed to be a dislocation of the hip. I learned from the parents that three weeks previous to my visit, they first noticed the inability of the child to use one leg; and that every effort to compel her to bear weight on it caused her to cry out with pain. The child had been about, and played with other children as usual, and they were not aware that it had received any mechanical injury. At the present time the hip is swollen, to almost double its natural size, and it is quite tender to pressure, firm and unyielding to the touch with the temperature considerably increased. The position of the foot and the length of the limb, so far as could be ascertained by ordinary measurement, were natural. The whole limb was moderately flexed, and would admit of only a slight degree of motion in any direction without producing great pain. There was no swelling or lameness in other joints, and very little febrile action or other constitutional disturbance. I could not learn that the parents had ever been affected with either scrofulous, eruptive, or rheumatic affections; and the child presented no marks of a scrofulous diathesis. Having but a small amount of experience in diagnosticating and treating diseases like the present one, I was in much doubt as to its true nature. The suddenness of the attack with the robust appearance of the child, and the rapid increase of the swelling, seemed to preclude the idea of its being coxalgia or ordinary hip disease. If it was rheumatic inflammation, we should expect with so much swelling, and pain while the patient is at rest, more redness, and more general febrile action While the correct position of the foot, and length of the limb, with the absence of any fall or other mechanical injury, equally precluded the idea of a dislocation of the head of the femur. I confess that I left the patient with many doubts in regard to the true nature of the disease.

On making a second visit and finding no material change in the patient, with a strong inclination on the part of the parents to regard it as a dislocation, I thought it best to follow David Crocket's rule, "be *sure you are right* and then go ahead." So with the consent of the parents, I started with them and the child for Chicago, by railroad; at which place we arrived in safety, and obtained the council of Prof N. S. Davis and Dr. J. W. Freer. After a careful examination they agreed in the opinion that the disease was a low grade of inflammation affecting chiefly the *fibrous tissues* surrounding the hip-joint. Prof. Davis thought the child bore the marks of a scrofulous temperament, and expressed the fear that if not soon removed the disease would extend into the joint and constitute true coxalgia. He suggested the propriety of keeping the patient at rest; applying leeches to the hip every second day, with fomentations of aconite leaves during the intermediate time, until the heat, tenderness, and swelling were materially diminished, and then cover the hip with a plaster of Ammoniaco Cum Hydrarg, and a little below it keep open a blistered surface or issue. Internally, he advised the use of mild mercurial alteratives for a few days, followed by the sat. tinct. of cimicifuga rasemosa root and iodide of potassa for a considerable time. The patient returned home and the foregoing suggestions were strictly carried out. After leeching and fomenting the hips for several days, I first applied a blister over the part. When this healed I covered the whole hip with the emplastrum ammoniaco cum hydrarg, and ade an issue just below the plaster. This and the plaster were continued 8 weeks. When I first began the use of the cimicifuga, I united with it the vinum colchici, but the latter acted so much on the bowels that I had to discontinue it And at times the cimicifuga and iodide of potassa caused so much action of the bowels as as to require opiates to restrain them. Still their use was steadily continued for eight weeks, when the patient had entirely recovered, and is up to the present time quite well.

Query.—Was not the *nature* of the disease *rheumatic* inflammation of fibrous tissues around the hip joint?

Case 2.—I was called a few days since to see a little girl about eight years of age who was reported to have had dislocation of the hip joint several months previous.

I found the girl slender, and delicate in appearance, the skin thin and pale, the hair fine and light colored, the eye clear and bright, with a pulse slightly accelerated, and slight febrile exacerbations each night, with disturbed sleep.

She would not put the right foot down upon the floor. or bear the slightest weight on it. She could bear to have the foot turned in either direction, and would permit a very moderate movement of the limb in any direction, but would not permit it to be either fully flexed or extended. Neither would she bear more than a slight abduction.

By careful measurement, I could detect no shortening of the limb, neither did it appear much wasted; but the gluteal region seemed flattened more than the opposite side

There was, however, no swelling, and no tenderness except when pressure was made on the trochanter major. Pressure made on the trochanter, or on the knee or the sole of the foot, in such a way as to move the head of the femur in its socket, always gave much pain. The mother gave me the following history of the case, viz.: Nearly one year since the girl fell from a wagon, striking on the side and hip. She was helped up, and after a few minutes could walk with only a slight limp. This slight limping, with a complaint of soreness in the hip, continued until it caused the parents to be uneasy about it, although it was at no time so great as to prevent the child from running about freely. Six weeks after the fall they consulted a physician, who decided that the head of the femur was dislocated, and went through with the usual performance of reducing it. Considerable force was used for extension and counter-extension, and the doctor claimed that the bone was reduced. No change, however, followed the operation, except a moderately increased soreness and lameness, which passed away again in a few days, leaving precisely the same lameness as before.

The disease or difficulty in walking continued with but little change until but a few weeks since, when the patient again accidentally fell from a cradle or little wagon; since which time she has been wholly unable to bear any weight on the right foot, or even to put it down upon the floor. Feeling some hesitation about deciding on the nature of the case after the previous diagnosis, which had been made in reference to dislocation of the hip, I took this patient also to Prof. Davis, of Chicago. After examining the patient, and eliciting a full history of the case, as detailed above, he expressed his conviction that the case was clearly one of slow disease within the hip joint, induced, in the first instance, by a fall on the hip, which excited a low grade of inflammatory action in the joint. The child being of a scrofulous habit, the morbid action set up in the synovial membrane and cartilages of the joint continued only in a very moderate degree, until the second and more recent fall greatly increased its intensity and progress.

The prognosis was, of course, much more unfavorable than in the first case related. The treatment, with its results, may be given hereafter.

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ART. II.—*Practical Items, or a Chapter on small matters.* By one of the Editors

The Physician in his daily round of practice frequently meets with ailments, which though not dangerous to the life of the patient, are nevertheless exceedingly annoying to him, and sometimes perplexing to the Physician. Hence a few cases and observations concerning small matters may not be uninteresting to our readers.

CASE 1ST. *Onychia.* Called to see Mrs. A. who had been sorely afflicted for many weeks with pain and soreness in one large toe. Found the whole toe swollen and tender, but the chief trouble was limited to one side, extending to one half of the circumference of the nail. The corner of the nail next to the first little toe was deeply imbedded in the flesh, giving it the appearance of being much incurved. All along that margin the flesh much overlapped the nail, was swollen, covered with red and spongy granulations, and secreted a thin and redish purulent matter. This was so tender that walking was accompanied by much pain. She had consulted a Physician who, as is usual in such cases, told her the only remedy consisted in extracting, or cutting out a considerable portion of the nail. Dreading the pain of such an operation she begged of me some other remedy. I directed her to place the foot up in a horizontal position and cover the toe with a soft linseed meal poultice for twenty four hours, to lessen the inflammation. I then removed the poultice, wiped it dry and covered the side of the toe with collodion in such a way that its contraction should hold the overlapping flesh and granulations away from the nail, and renewed its application often enough to keep the coating perfect. I caused her also to drop, twice a day, a few drops of a solution of Bi Chloride of mercury in lime-water, into the fissure between the nail and overlapping granulations. The strength of the solution was as follows, viz :

℞ Bi Chloride of Mercury - 2 grs.
Aqua Calcis - - - ℥ij—mix.

This treatment was continued five or six days, during which time the swelling diminished, and the granulations overlapping the nail receded very much. It being troublesome to keep the coating of collodion perfect, this was now omitted. The same wash was continued once a day, and during the rest of the time a salve was applied of Chloride of Zinc 3 grs
Sulph. Morphine 6 grs
Simple Cerate ℥j, thoroughly rubbed together and spread on soft linen. In one week more the toe was entirely well; the flesh having receded from over the nail and cicatrized so completely as to have neither discharge nor soreness, The nail was in good shape, and by avoiding all undue pressure of the shoe for a few weeks, no return of the disease took place, and now at the end of two years the toe is perfectly well.

During the last five years I have treated quite a number of cases of this troublesome malady, and in every instance have succeeded in effecting a cure without removing any part of the nail. I have treated them on the same principles that I treat ulcers. In recent cases where the part is very irritable and painful, I apply for two or three days emolient poultices. Then wash the part overlapping the nail carefully once or twice a day with a weak solution of Sulphate of Copper, or Bi Chloride of Mercury in lime water, or Chloride of Zinc in water. The latter, as a wash, should be of the strength of 1 gr. to the oz. of water.

After the poultices are removed I keep the parts protected by soft cloth spread with the salve mentioned above. The cure is generally completed in from one to three weeks. The patient should always be cautious about putting on tight boots or shoes for sometime after the toe appears to be well. The common idea that the nail is incurved and grown down into the flesh, in such cases is erroneous, and the operation of cutting it out unnecessary. The disease is generally a simple inflammation, commencing at the edge of the root of the nail. When once begun the swelling immediately causes the flesh to commence overlapping the edge of the nail and the pressure of the adjoining toe and shoe keeps it constantly aggravated. Thence it becomes painful, the granulations large and spongy, and the pus discharged generally thin and intermixed with blood. The same disease sometimes occurs on the fingers as in the following case:

CASE 2ND. Mrs. B, a hard working Irish woman, came under my care with disease of one thumb and three fingers. The husband was consumptive and she was in the habit of supporting the family by washing and house-cleaning.

The disease on the thumb and fingers commenced like an ordinary inflammation at the corner of the nail. It extended rapidly across the root of the nail, causing, in a few days, the formation of a few drops of pus, over which the skin became elevated and white, like a mature pustule. The parts became much swollen, red, and very painful A prick through the elevated cuticle gave exit to a few drops of thick whitish pus, but this instead of being followed by an abatement of the inflammation and pain, was marked by a continuance of both, and the formation of spongy granulations overlapping the root and side of the nail, much like the diseased toe already described

When she came under my care, different fingers presented the disease in different stages of progress. She also had several superficial and very irritable ulcers on the inner margin of the Labia. These had not the appearance of syphilitic sores or chancres, but looked more like simple excoriations. Neither could I learn that she had ever had syphilis in any form.

The tongue of the patient was coated and her general health somewhat impaired, in consequence of which I directed her a few grains of Blue Mass and Soda each night for two or three evenings, and then gave five grains of Iodide of potassa in a teaspoonful of tincture of Cinchonæ three times a day. Locally to the fingers, I made the same applications as already detailed in reference to case 1st. and to the Labia I directed a wash of chloride of zinc and morphine. and the application of a weak mercurial ointment at bed-time. The fingers gradually improved and at the end of two weeks. were quite well; but the labia remained swollen, painful and covered with irritable ulcers. These were apparently kept up by the friction of walking, and yet such were the circumstances of the patient that entire rest was almost impossible. Hence to shield the parts from friction, they were made dry and coated over completely with collodion. The application of the collodion to the ulcerated surface caused acute smarting for a few minutes, after which she experienced much relief so long as the coating remained perfect. But the moisture of the parts would cause it to become loose, and make it necessary to renew the application daily. Under this treatment, the swelling and pain disappeared from the labia in five or six days. and the ulcerations soon healed. She had at no time any lucorrhœal discharge.

Case 3d *Phagdenic ulcer* May 1851, was called to see a little girl, aged five years She looked slender and delicate, with thin, fine hair, light eyes, and fair skin The mother represented her general health as being very good, but the end of one thumb had been diseased nearly one year. It commenced, as near as I could learn, like a pustular inflammation at the root of the nail.

But it soon became an open sore and continued to spread until the time of my first visit. Then the whole end of the thumb was enlarged with a ragged concave ulcer occupying the place of the thumb nail; the latter being entirely destroyed. The edges of the ulcer were irregular, but elevated and rounded; the surface of the ulcer without granulations and emiting a thin, sanious, or bloody matter, somewhat offensive to the smell. The end of the thumb so far as it was enlarged felt inelastic and doughy, the capillary circulation seemed feeble, and it was constantly perspiring or oozing from the pores of the skin a colorless watery fluid. This state of the capillaries and skin was limited exclusively to the pulp and enlarged end of the thumb.

As various local applications had been tried without any benefit, and the disease had existed a long time, I thought it best to put the patient on some constitutional treatment.

I accordingly directed for her five drops of Fowler's Solution of arsenic in a wine-glass full of sweetened water every morning. I also caused the ulcer to be washed clean every morning wet over with a solution of chloride of zinc of the strength of 1 gr to the oz. of water, and covered with a salve spread on soft cloth, composed of chloride of zinc 4 grs. sulph. morph. 6 grs. and simple cerate ℥j The ulcer soon began to improve in its appearance. The arsenical solution was taken only little more than one week, but the local applications were steadily continued four or five weeks, during which time the ulcer healed, and the thumb has since become perfectly well and natural, except the nail, which has been only imperfectly reproduced.

Case 4th. A Swede girl, aged 12 years, was brought to me from Wisconsin. She presented a forbidding appearance. She was extremely emaciated, the skin of a dingy color and dry; the soft part of the nose was entirely gone and in its place an open irregular ulcer. The lips, too were nearly gone, and the same kind of ulcer occupying the whole circumference of the mouth — The central part of the upper lip was entirely removed leaving the teeth and gums bare. On the left leg near the knee joint, over the upper end of the fibula, was an ulcer about the size of a half dollar coin, and another still larger just above the outer maleolu of the ankle. The tendons of the limb were somewhat contracted, rendering the patient unable to walk. All the ulcers were superficial with irregular but not elevated edges. They seemed to spread by destroying the tissues without much formation of pus, and without much pain. Her bowels were regular and appetite good, though suffering great general debility and emaciation. There was no appearance of present or previous disease of the throat.

Speaking only the Swedish language, I could learn from the father very little in reference to the history of the family.

The mother had been dead some years, but the father bore plain evidence in his fauces of having had secondary syphilis which was even now imperfectly cured. Believing the girls sickness to depend on a *hereditary* syphilitic influence, I directed for her the following, vis.:

℞ Bichloride Hydrarg. 2 grs.
Tincture Cinchona. ℥jv- mix.

Give one tea-spoonful (fl. ʒi) three times a day in a little sweetened water. Also keep the ulcerated surfaces clean and dressed every day with the following ointment spread on soft linen, viz.:

℞ Chloride of Zinc, 4 grs.
Sulph. Morph. 6 grs.
Simple Cerate, ℥j rub thoroughly together.

In four or five days the ulcers began to show marks of improvement, and from that time they cicatrized rapidly.

In about two weeks the gums began to show signs of being affected by the mercurial, and it was discontinued. In its place I gave four grains of Iodide of potassa with a tea-spoonful of Tinct. Cinchonæ three times a day for two weeks. She then took again the first prescription in smaller doses, and in two or three weeks more her ulcers, both on the face and leg, had entirely healed. She had also gained much in flesh and strength, and could walk about very well. She was now put upon the use of the Iodide of Potassa with tincture of bark in moderate doses, and a nutritious but not stimulating diet, and allowed to return home The local application first directed was continued during the whole period of the treatment. The father promised if she did not continue well, to inform me; but I have heard nothing from him, nearly six months having now elapsed since he left. I have had several cases similar to the above brought to me from the country, which have uniformly yielded to essentially the same course of treatment. It is always necessary to watch the action of the Bichloride of mercury on the bowels, as it sometimes produces hypercatharsis with very severe griping pains. This can be obviated, when necessary, by giving an anodyne of Pulv. Doveri, at bedtime.

While on the subject of ulcers I will relate one more case which came under my observation very recently:

Case 5. Mrs. G., a slender Irish girl had been married within the last 18 months, but had not yet been pregnant. Her husband was intemperate and abusive, and she lived in misery and privation. About three months since she was taken sick, but I could not learn enough of the history of her case to judge with certainty in regard to its true nature. She had considerable general fever in the beginning, accompanied by pain in her back and a very offensive leucorrhœal discharge. The discharge from the vagina ceased after a few days, but she continued feverish and much unwell. I could not learn much of the particular symptoms, but she had no sore throat,no bubos, and no ulcers or chancres about the labia. At the time of my visit there was no disease whatever about the genital organs, but she was extremely emaciated, scarcely able to turn herself in bed, without appetite, and suffering much pain from two or three bedsores over the sacrum, and a large phagadenic or eating ulcer in one groin. The latter first manifested itself by a purple spot which marked the seat of a slough or eschar. This separated and left a deep, irregular and spreading ulcer, accompanied by very severe pain At the time of my visit the ulcer was about the size of a silver dollar in circumference, from a quarter to half an inch in depth, the edges excavated and irregular, and the bottom destitute of granulations. The bowels were nearly regular, the tongue clean and the appetite moderate. She was removed › the Mercy Hospital, and I put her upon the use of the follow-g, viz.:

℞ Proto-Iodide of Mercury, 10 grs.
Pulv. Opii - - 10 grs. mix, divide into twenty pills. Gave one each morning, noon, and night. Caused the ulcers both on the back and in the groin to be washed twice a day with the following solution:

℞ Chloride of Zinc. 4 grs.
Sulph. Morph. 12 grs.
Water - ℥jv mix—and dressed with Simple Cerate. She was allowed a plain nutritious diet, consisting of milk-porridge, (sweet milk boiled with flour), tenderly cooked lean meat, and stale bread. She continued this treatment about ten days, with a rapid improvement in all her symptoms. The ulcers ceased to be painful and began to fill up with healthy granulations. The Proto Iodide of mercury was then discontinued, and the tincture of Ferri Murias, in doses of 20 drops, three times a day, given in its place. The same local applications were continued as at first. Under this course the patient continued to improve, and in three weeks from the time of her admission the ulcers had entirely cicatrized, and the patient had recovered a good degree of flesh and strength.

Chicago, October 1854.

ART. III—*Creosote in ophthalmia, by* E. K. RICH, *M. D.*

MESSRS. EDITORS.—I have been making a trial of Creosote in the treatment of the Catarrhal Ophthalmia, which, by the way, has been quite prevalent in this section during the past spring and summer; not being satisfied in all cases with the nit. silver, especially those cases attended with high inflammatory action, and knowing the peculiar good effects of Creosote in inflammations about the mouth, I was induced to try it for the eyes, and since I have commenced using it, I have used *nothing else* in the shape of lotion. I have tried it of different strengths dissolved in rain water, and have found two drops Creosote to the ounce of water strong enough to commence with in acute cases, gradually increasing the strength up six drops to the ounce.

This solution I consider far superior to the nit. silver, as it does not cause the eye to smart except for a few seconds, which is immediately followed by a clearing of the sight—the patients usually expressing themselves in a minute or so, as seeing as well as ever. I have, in a few cases, had to use counter irritation, but in the great majority of cases, have cured without it.

My object in sending this to you is to call the attention of my medical brethren to the article, in order to have its virtues in this complaint more fully tested.

Magnolia, Ill's. Sept. 18, '54.

SELECTIONS.

THE OPTHALMOSCOPE.—*Sir:* On leaving England, the author of the following paper desired me to forward it to you, with a request for its publication. In complying with his wish, I think it only right to mention that, although Dr. Williams omits to notice the opthalmoscope of Coccius. Anagnostakis himself has described not only that instrument (which certainly embodies the principle of his own), but likewise all others which have preceded it.

Retaining, as I do, a very strong opinion as to the mischief likely to result from the abuse of reflecting opthalmoscopes, if indiscriminately resorted to by inexperienced persons, for investigating cases hastily classed as "incipient amaurosis." I have no doubt that a series of opthalmoscopic examinations, made by accurate and prudent observers, would elucidate many obscure points in the pathology of the eye.

A practical inconvenience I have met with, in using the reflecting mirror of Anagnostakis, is, that it occupies one hand of the observer; so that if, at the same time, he wishes to employ with the other hand a convex lens, to magnify the structures he is illuminating, his examination, unless an assistant be present, may sometimes be foiled through inability on the patient's part to raise the upper lid sufficiently to expose the pupil.

It has occurred to me, therefore, to fix into a spectacle frame, to be worn by the observer, a pair of reflecting mirrors, differing from those employed by Coccius and Anagnostakis only in being of less diameter, and having a smaller central hole. By this contrivance both hands of the observer are left at liberty and he is enabled, without assistance, to command the movements of the patient's lids with one hand, while with the other he uses the magnifying glass.

The focus of the mirrors should nearly correspond to the distance at which the observer's unassisted eye can ordinarily define minute objects. I think it better to place the lamp immediately behind the patient rather than by his side, and at such height that the rays of light just clear the top of his head. The observer, in making his examinations, will find it best to use only one of his eyes at a time; but two mirrors are desirable, as they balance each other in the frame. Where a less concentrated light is preferred, plano glasses, silvered at the back, may be used instead of concave mirrors ; a small round portion of the silvering being removed from the centre for the observer to look through.

I am, &c.,
JAMES DIXON.

THE OPTHALMOSCOPE.—*The principles on which it is based the manner of its application, and its practical advantages. with a report of some cases.*—By E. WILLIAMS, M. D.. of Cincinnati.

Among the many modern discoveries which have given a new impulse to the progress of medical science nothing has been more effectual than the discovery and perfecting of the methods of physical diagnosis. Enabled, by these valuable means to determine, with precision, the seat and gravity of pathological changes, it is no longer necessary to resort to those vague and bewildering hypothesis under which, formerly, the physician took refuge whenever he encountered a deep seated and obscure disease. What astonishing advancements have been made by the differential diagnosis of diseases of the chest since that cavity has been rendered, as it were, transparent by ausculation and percussion. But it is in opthalmology especially that physical exploration has very recently undergone the most striking and important developments. Notwithstanding the high degree of perfection to which this beautiful branch of surgery has been brought by the researches of modern observers, there still remained till lately a lamentable deficiency. Unable to examine directly the cavity of the globe of the eye, the surgeon was obliged to rely upon indirect symptoms for the diagnosis of many of the most serious affections of that organ. Thus, at an epoch when medicine and surgery everywhere diligently sought the lessons of structure to predominate in each disease, amaurosis, sthenic, asthenic, congestive, nervous, gouty, dartrous, etc., were still seen arrayed in the nosology of the ophthalmologist, terms by which the ingenious surgeon disguised his ignorance when the local lesion escaped his means of investigation.

The discovery, therefore, of a mode of examining directly the interior of the eye in the living subject is by far the most important improvement made in opthalmology in modern times, and is destined to form an interesting epoch in the history of this science. The parts situated in the centre, and at the bottom of the eye heretofore inaccessible to the view of the observer, may now, by the aid of the opthalmoscope, be subjected to the most minute inspection, and their separate lesions recognized with the greatest precision.

The practical consequences, as regards diagnosis, prognosis and consequently, treatment, following the invention of an instrument whereby this obscure cavity may be lighted up and examined, are of the highest importance. When, in this manner, we have inspected, one by one, all the parts in the interior of the eye without finding a lesion sufficient to explain the derangement of vision, then and not till then, are we justified in assuming a more deeply seated alteration, or in resorting to the hypothesis of an amaurosis *sine materia.*

The introduction of the opthalmoscope opens up a new field for investigation. Should I, by this little essay, contribute to direct the attention of my professional brethren in England and America to this newly acquired territory, and stimulate some of them to explore and develope its rich resources, my object will be attained.

Setting out with this view, I hope to be able to serve the interests of the profession by giving a concise idea of the principle upon which this new method of examination is based; of the construction of the opthalmoscope; and of the practical results to be derived from it.

Principle upon which the construction of the Opthalmoscope is founded.—The pigmentary layer of the choroid is not sufficient to account for the black appearance of the bottom of the eye, as seen through the pupil. The pigment would, indeed, absorb all the rays of light that enter the eye, were there no tissues situated anteriorly to it, capable of reflecting a portion of the rays. The vessels of the retina, and the optic nerve at its point of entrance, must certainly have this power. Besides, this, however transparent the retina may be supposed to be during life, a membrane so brilliant must necessarily reflect a larger number of the luminous rays that fall upon it.

Why, then, does the pupil ordinarily appear black?—It is only in the refracting properties of the eye that the explanation of this phenomena must be sought. Let us suppose that the eye to be examined looks at a luminous point. The rays projected into the eye from this point being refracted, will be concentrated at a point on the retina, and reflected in their turn by this membrane, they will again issue from the organ. But, since they must pass through the same media they had traversed on entering, they will undergo the same refraction, and be consequently collected at the point from which they first departed, in order to form there the retinal image.

From this it follows that we could see the retina of an individual only when he looked attentively at our own eye, which, in that case, would be the luminous point. But it is clear that the quantity of light which our own eye can project is too feeble to illuminate the bottom of the eye explored; and, in attempting to look into the interior of that eye by the aid of ordinary daylight. we only intercept with our head the rays which should illuminate the cavity. Placed. in this manner, in the shade, the pupil will naturally appear black.

After these considerations, it is easy to comprehend the object to be kept in view in using the opthalmoscope It is to throw into the eye, indirectly. a large quantity of light. in such a way that the observer, without intercepting the rays which enter, may receive directly into his own eye those reflected from the retina of the explored organ. With this view, any mirror may be employed. provided it be held obliquely with respect to the eye examined, and have a transparent spot, or a round hole, through which the observer may look.

Construction of the Instrument.—To Helmholtz, Professor of Physiology at Konigsberg. is due the invention of the first ophthalmoscope. The limits of my paper forbid a detailed description of his instrument. It is only necessary to add. that this ophthalmoscope, with all the modifications to which it has been subjected, has but very imperfectly fulfilled the desired end: since not only the illumination which it affords is insufficient. but its complexion also renders it extremely difficult of application. My present object is. simply to describe the instrument of Dr. Anagnostakis, of which an account will be found in his original and admirable monograph above cited. Combining as it does the entire advantages of all the complicated and expensive ophthalmoscopes heretofore invented with the utmost degree of simplicity. facility of application, and portability, it will. without doubt. wholly supersede them. It is now exclusively used in France and Belgium. and the results of its application have been so satisfactory as to leave little else to be desired.

The insrument is composed of a small. round. concave mirror about two inches in diameter. with a focal distance of four and a half inches: the silvered surface being accurately adapted to a plate of blackened copper. The centre of this little mirror is perforated by a small hole about three lines in diameter. Around the border of the glass and plate thus adapted is placed a brass rim. to which is attached a small handle of wood or ivory.

Method of using the Ophthalmoscope.—The pupil of the eye to be examined, if not already very large and fixed. should be previously dilated with atropine or belladonna. A dark room is selected; on a level with the patient's eye a bright lamp is placed upon a table as near as possible to the patient. who is seated beside it The observer is seated upon a chair close in front of him, so that their eyes shall be upon the same level, and holds the mirror with the reflecting surface directed in such a manner that the rays reflected from the lamp are thrown upon the eye to be examined. Then, applying his eye against the central hole, the observer looks through it into the bottom of the eye thus illuminated; and, still holding the instrument constantly and steadily against his eye, he approaches towards or recedes from the patient till the reflection becomes small, brilliant, and oblong in form.

These are the general rules to be observed, and a little practice will give the surgeon that facility in the use of the instrument necessary to accurate observation.

A few words with regard to the appearances presented by the healthy eye are necessary to enable the reader to appreciate the pathological changes which the opthalmoscope reveals.

On first looking, as above directed, into an eye free from disease, the pupil is seen of a reddish color, but none of the deeper structures are distinguished. As the parts at the bottom of the eye are necessarily seen through a refracting medium, which varies in degree in different individuals, it is evident that the surgeon must approach towards or recede from the eye inspected, till the proper focus is found; he will then see red vessels traversing the bottom of the organ. When these blood vessels are distinctly recognised, it is certain that the proper focal distance is attained, and the retina is in view.

This point, once gained, should be steadily preserved, while the patient is directed to turn his eye-ball in different directions; thus all the parts of the retina are successively brought into the field of vision. When the globe is turned upwards and inwards, a spot usually circular is seen, much whiter than the surrounding parts, with a small umbilicated indentation in the centre, through which pass four blood vessels (two directed upwards and two downwards), which branch off to the different parts of the membrane. But very frequently these principal trunks divide before entering the globe, and then a larger number of vessels are seen coming in at the white spot formed by the entrance of the optic nerve. Except this patch, which is quite white, the rest of the retina presents a reddish color, which becomes more decided towards the periphery.

I must now speak of the pathological changes which have been already revealed by the aid of the opthalmoscope. I shall adopt the natural order of noticing, first, the lesions that have their seat in the crystaline lens and vitreous humor; second, those confined to the essential organ of vision, the retina.

I imagine that no opacity of the lens, however slight, can escape detection by the use of this instrument. Certain it is that opacities which even materially interfered with vision, but which escaped the scrutiny of the most experienced eye, have been readily detected by a resort to the opthalmoscope. Some very eminent oculists have reported cases of this kind. I have seen, at the clinic of M. Desmarres, beautiful opaque streaks in two lenses, which had eluded all other means of examination. When seen by the aid of this instrument, opacities of the crystalline appear as greyish-brown patches or streaks, of various sizes and shapes, upon a reddish back-ground, afforded by the illuminated retina. The importance, as to treatment and prognosis, of distinguishing the very commencement of cataract from impairment of vision produced by other more serious lesions of the vetreous or of the retina itself, is too obvious to need illustration. Who that has had even a limited experience in diseases of the eye has not seen patients with incipient cataract, tortured for months or years with leeches cupping, blistering and a thousand pernicious drugs, under the supposition of a commencing amaurosis? And who has not been consulted by patients sent to be operated upon for cataract, in whom the lens was perfectly transparent?

The most common alteration of the vitreous humor is the appearance in its substance of deep brown or greyish corpuscles, in greater or less abundance. These bodies are of very various sizes and shapes. Sometimes we see only two or three large, irregular flakes, either floating separately in the liquid vitreous humor, or united to each other by a number of small filaments. At other times an immense number of smaller corpuscles, some angular, others in the forms of shreds, and others, again, resembling pieces of membrane with ragged edges.

As examples are always more interesting and instructive than general descriptions, I will give a short account of some cases which I have had occasion, within the last few weeks, to observe at the London Ophthalmic Hospital, in the presence of Mr. Dixon and Mr. Bowman, who have themselves seen some of the alterations which it is my object now to describe. It is with great pleasure that I take this opportunity of thanking the eminent surgeons of this Institution for the kind permission they have granted me of attending their extensive and interesting practice; and especially of continuing those observations with the ophthalmoscope which I had commenced at Paris with Dr. Anagnostakis, the ingenious inventor of the ophthalmoscope which I use. The few cases inserted in this paper were also examined by the latter gentleman, and his experience in the use of the instrument is an additional guarantee for the accuracy of these observations

CASE 1. John C., aged 38, a farrier, states that fourteen years ago he received an incised wound of the lids of the right eye, but the globe was not touched, nor the sight injured. About the 1st of February last, a hammer-head, flying from the handle, struck him in the eye, rendering him for a few seconds insensible. On he return of consciousness he could not see with this eye. Two ays after the accident, he applied at St. Thomas' Hospital, and was told his eye was destroyed. Leeches, fomentations, etc., were resorted to for the relief of suffering. Some time afterwards he came to the Royal London Ophthalmic Hospital to consult Mr. Poland, and has been since under his care.

Present Condition.—The patient still suffers occasional neuralgic pains in the eye and head. With this eye he distinguishes large objects, but very indistinctly; says, however, that his sight is slightly improving. The iris is separated from its cillary attachment at the upper and external part, in more than a third of its circumference, and also at the lower and outer part to a somewhat less extent. Thus detached, this membrane is stretched across the aqueous chamber in the form of a rather narrow band above and below which the bottom of the eye is seen, presenting a black appearance as through the ordinary pupil. With the naked eye, nothing else can be observed; but with the ophthalmoscope a number of fine filaments, as of lymph, are seen extending from the inferior edge of this band to the original attachment of the iris. To the cillary body above where the iris has been detached, adhere by one extremity a number of shreds that float in the aqueous humor. In the vitreous humor, many brownish flakes are seen floating freely about; they subside slowly to the inferior part of the cavity when the eye is quiet, and, when it moves, mount up into the vitreous again. The retina, as indistinctly seen through the turbid refracting media, has its normal appearances. In this case the impairment of vision is evidently not dependent upon a lesion of the retina, but upon the mechanical impediment to the passage of light to that membrane by the separation of the iris and the foreign bodies in the vitreous humor. These corpuscles are doubtless flakes of effused lymph, or clots of fibrin from the effusion of blood at the time of the accident. The extravasation of blood into the vitreous humor, except as a consequence of mechanical violence is very rare. In a case, however, which I examined some time since with Mr. Bowman, there were seen, by the aid of the mirror, beautiful clots of blood-floating in the substance of this humor: but while we were examining other patients the man went away, and I have not since been able to see him, so as to procure the history of his affection.

As alterations of the vitreous humor are generally accompanied by lesions much more serious of the retina, I will give under another head some additional examples of synchysis with floating corpuscles.

Lesions of the Retina.—By far the most interesting pathological changes that occur in the eye are those involving the retina. The anatomical lesions that affect either directly or indirectly this delicate membrane are somewhat numerous; but I shall notice a few only of the most prominent changes, and such as are very readily detected by the mirror,

Dropsy of the Retina.—By this is meant an effusion of a serous fluid beneath the retina, which detaches it from the choroid, and thus entirely annihilates its functions.

CASE 2.—Thomas W., aged 38. As this patient is completely deaf, but little definite information could be collected as to his previous history. It seems that about sixteen years ago, after falling through the ice, he began to suffer pain in the right eye, with headache, giddiness, etc., and his sight failed so rapidly that in a few weeks he could distinguish no objects. Since that time his eye has remained in about the same condition. He still has occasional pains in the globe, and headache.

Present Condition.—The left iris is somewhat discolored, the pupil supernaturally dilated and sluggish; sub-conjunctival vessels enlarged, tortuous, and of a bluish color. This eye is very myopic, and the sight much impaired, but at a distance of about two inches he reads clear type.

The pupil of the right eye is largely dilated and fixed. There is varicosity of the sub-conjunctival veins, and a leaden hue o' the scleretic; lens transparent. With the naked eye nothing else is seen—no perception of light.

With the ophthalmoscope the vitreous is seen to be slightly opaque, and containing a considerable number of brownish bodies resembling flakes of lymph, which are constantly agitated by the movements of the globe. The entire retina, separated from the choroid, is pushed forward by a clear liquid in the form of a pouch, which surrounds the entrance of the optic nerve, not unlike the air cushions used for sitting on in travelling. The entrance of this nerve is seen as a yellowish-white, circular spot, through which pass three blood-vessels, which mount up over the pouch formed by the retina, and, dividing into small branches, spread over its surface. This liquid pouch is thrown into beautiful undulations by the movements of the globe, and the vessels running over its surface alternately bend upon themselves, and elongate with the folding and unfolding of the waving retina.

There is here a large effusion of serum between the retina and the choroid, which has separated all their attachments, and entirely destroyed the power of perceiving even the strongest light.

CASE 3.—James F., aged 45, of robust constitution, enjoyed good sight till about four months ago, when, in running violently, he fell, and received a severe shock. About three weeks afterwards, accidentally covering the right eye with his hand, he perceived, to his astonishment, that he could not see with the left He has never experienced the slighest pain or uneasiness in this eye. Of objects placed before or to the right side of him he has not the faintest perception: but he recognizes very imperfectly large bodies situated towards his left side. The pupil is more dilated than the other, and immovable.

Examined with the mirror, the refracting media appear perfectly transparent. The retina presents no abnormal vascularity; but it is easy to recognize that this membrane, to a large extent, and all around the entrance of the optic nerve is elevated by a liquid, and it has a trembling movement during the oscillations of the eye. What is curious in this case is, that during these movements we do not see those deep folds which the membrane ordinarily forms in dropsy of the retina Here the folds are superficial, and the undulations quite limited. These phenomena, taken in connection with the pearly color which the elevated membrane presents, can only be explained by supposing that the retina is raised up by a turbid liquid, as we often observe in pericarditis and other serous inflammations.

Case 4.—John R., aged 48, has been from childhood subject to blepharitis, but enjoyed good sight. About fourteen years ago he received an injury of the left eye from the explosion of a soda-water bottle. For some months afterwards he had inflammation and pain in the eye; these at length passed off, and left his vision unimpaired. Nearly nine years ago he received a blow upon the same eye with a fist, and instantly ceased to see. This injury was followed, during several months, by severe pain, which finally ceased. For several years he has been an occasional attendant at the hospital for the blepharitis, to which he is subject.

Present Condition.—The form and consistence of the globe are natural: conjunctiva, sclerotic and cornea healthy. The patient has not any perception of light, except when a bright lamp is held towards his right side: the iris at the internal part, for nearly two-thirds of its circumference, is separated from its ciliary attachment With the naked eye, in a strong light, when sudden movements are communicated to the globe, vague and undefined undulations are seen at the bottom of the eye.

Examination with the Ophthalmoscope.—A great number of corpuscles are seen floating in the substance of the vitreous humor. The crystalline lens, as proved by the catoptric test, has entirely disappeared. Nearly the internal third of the retina is detached from the choroid, and pushed forward into the vitreous humor, in the form of a vesicle, filled with transparent liquid. When the globe oscillates, this vesicle is thrown into waves, which disappear when it is still. Two blood vessels pass over, and ramify minutely upon the surface of this pouch, and, during its undulations, alternately become curved and straight, not unlike the long grass at the bottom of a clear running stream. The entrance of the optic nerve presents its usual appearance, but the part of the retina not detached from the choroid has a slightly opaque appearance, as if its meshes were infiltrated with a milky fluid.

Of the three well-marked cases of dropsy of the retina above described, there was only one in which the slightest appearance of the disease could be detected with the unaided eye. In the last mentioned patient the iris was detached to so great an extent as to allow the entrance of a great quantity of light, and even then only a faint glimpse of the waves of the detached retina could be perceived by the naked eye. With the mirror, nothing was easier than to see at once the character and extent of the lesion in all the cases. No magnifying glass was used.—*Medical Times and Gazette.*

From the London Lancet.

The Use and Abuse of Potassa Fusa and Potasa Cum Calce in the treatment of Uterine Diseaset. By Henry Bennet, M. D.

More than nine years ago, Dr. Bennet first introduced potassa fusa and potassa cum calce as valuable agents in the treatment of uterine inflammation. They had since been used by many practitioners; but, he believed, not always with the caution which was imperatively required; and he was therefore anxious to lay down even more carefully than before, the rules which ought to be attended to in resorting to so powerful an agent. He had obtained cylinders of potassa cum calce, in the proportion of two parts of potash to one of lime, which did not deliquesce, and were nearly as manageable as nitrate of silver, and therefore free from many of the objections urged against potassa fusa. The conditions of local uterine disease in which he considered that caustic potash. or the actual cautery was applicable, were the following: Chronic inflammation or inflammatory ulceration of the mucous membrane covering the cervix, or lining its cavity, intractable to other treatment; chronic inflammatory hypertrophy of the cervix, also intractable to other means; and lastly, chronic inflammation of the body of the uterus, in which form of disease the potash is merely applied to the cervix to produce a derivative issue, as we would apply an issue to the back in disease of the spine.

In the first class of cases, the caustic potash is used to modify morbid vitality of the diseased tissues, and to substitute a healthy reparative action. In cases of hypertrophy, the elimination of a oderate sized eschar on the enlarged cervix is attended with acute gestion or inflammation of the subjacent hypertrophied tissues;

and under its influence the latter soften and melt, as it were, or are absorbed. The object was not to destroy the enlarged cervix, but to procure its absorption. When applied to the cervical canal, the caustic potash reached the mucous follicles concealed between the rugæ of the *arbor vitæ*, which are occasionally the seat of chronic inflammation, and resist every other means of treatment. Although caustic potash was one of the most valuable contributions ever made to uterine pathology, Dr. Bennet considered it an *ultima ratio*, a last resource, only to be employed when all other means of treatment, general and local, had failed If used cautiously, there was no danger whatever incurred by the patient; but if incautiously or imprudently employed, serious results might follow. The inflammation produced in the cervix might pass to the uterus. The vagina had also been compromised by the extension of the caustic; and in several cases, the potash having been employed too freely to the cervical canal, the os or canal had been nearly obliterated by subsequent contraction and adhesion of its parietes. To prevent these accidents, he advised practitioners never to attempt to destroy the hypertrophied cervix, as had been proposed, but to be satisfied by producing the eliminatory inflammation already described, to use the potassa cum calce cylinders which do not deliquesce; and when the potassa is applied to the cervical canal, to apply it very gently, and to pass a bougie through the canal once or twice a week for six weeks.—Dr. Bennet never resorted to this treatment in passive hypertrophy, either of the cervix or uterus, which he thought might be left to nature, time and general treatment. It had been often stated that the use of caustic potash to the cervix left indurated cicatrices, which might impede subsequent labors. This was by no means the case. So far from producing induration, this mode of treatment removed it, and facilitated parturition. Indeed, he was becoming more and more convinced of the truth of a statement he had made many years ago, that rigidity of the os in labor was nearly always the result of previous inflammatory diseases.

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From the Monthly Jour Med.

Conclusions respecting Injections of Iodine in Ovarian Dropsy. By Professor SIMPSON.

Within the last year Dr. Simpson has, subsequently to tapping, injected into dropsical ovarian cysts the tincture of iodine in seven or eight cases. For this purpose he has employed the common tincture of iodine of the Edinburgh Pharmacopeia, undiluted. He has usually thrown into the cysts two or three ounces of the tincture. In some cases he has allowed a portion of the injected fluid to re-escape; in others, has retained the whole of it in the sac of the cyst that was tapped. From these cases he drew the following conclusions:

1. In none of the cases of ovarian dropsy, treated with iodine injections after tapping, has he yet seen any considerable amount of local pain follow the injection, with one exception; in most instances no pain at all is felt: and in none has constitutional irritation or fever ensued. In the one exceptional case considerable local irritation followed, and the pulse rose to 110; but the same phenomena occurred in the same patient after previous tappings without iodine being used.

2. While the practice seems thus so far perfectly safe in itself, it has by no means proved always as successful as in hydrocele in preventing a re-accumulation of the dropsical fluid; for in several instances the effusion into the sac seems to have gone on as rapidly as after a simple tapping without iodine injection.

3. But, in two or three of the cases, the iodine injection appears to have quite arrested for the time being the progress of the disease, and to have produced obliteration of the tapped cyst, as there is no sign whatever of any re-accumulation, though several months have now elapsed since the date of the operation.

Lastly. Accumulated experience will be required to point out more precisely the special varieties of ovarian dropsy most likely to benefit from iodine injections, the proper times of operating, the quantities of the tincture to be injected, and other correlative points. Perhaps the want of success in some cases has arisen from an insufficient quantity of iodine being used, and from the whole interior of the cyst not being touched by it. The greatest advantage would, of course, be expected from it in the rare form of unilocular ovarian cysts. In the common compound cyst, the largest or most preponderating cyst is usually alone opened in paracentesis; and, though it were obliterated, it would not necessarily prevent some of the other smaller cysts from afterwards enlarging and developing into the usual aggravated form of the disease.

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From the Southern Med. and Surg. Jour

Obstinate Quartan successfully treated with Chloride of Sodium. By J. S. Wilson, M.D., of Ala.

Participating in the desire, now so prevalent in the profession, to obtain that great *desideratum*, a cheap and efficient substitute for the costly operations of Cinchona, in the treatment of intermittents, I have been induced to try common salt, in accordance with the recommendations of M. Piorry, Professor Dugas, and others. And as the desire alluded to can be consummated only by experiments and reports, to which each should contribute a share, I hope that no apology is necessary for reporting even a single case, especially when its interest is somewhat enhanced by an obstinacy which defied the more ordinary and established remedies.

CASE.—On the 24th of March I was requested to prescribe for G. W., a young man of sanguine temperament, and of sound constitution naturally; but this had been impaired by frequent attacks of intermittent fever, which had produced, as usual, a pale cheek, and tumid spleen. These effects were accompanied by headache, mental and corporeal torpor, together with that indescribable sense of general indisposition characteristic of this abominable disease And, as an evidence of the severity of the paroxysms, it may be added, that the last mentioned symptoms were persistent, continuing more or less on his "well days." He stated that several physicians had prescribed for him—that they had given him opium, and (perhaps) quinine, &c., &c., without "breaking them;" and I had myself, several weeks previously, put him on Fowler's solution, with the same unsuccessful result.

Prescription: Blue mass. 10 grs., to be followed by castor oil if necessary. Then, on chill-day, (26th,) begin ten hours before the time of the paroxysm, and take one of the following powders every two hours, with camphor mixture and laudanum, in willow-bark tea. ℞ Chloride of sodium, 360 grains. Make six powders.

27th. Says that he had his paroxysm at the usual time, and that it "shook him worse than usual;" pain in side (spleen) less, while fever was on: this was shorter also. These symptoms considered favorable.

Prescription: Omit all other remedies, and take 60 grs. chloride sodium, three times a day, on well days. Then begin nine hours before chill time, (29th,) and take 40 grs. of the same every hour, in warm gruel.

31st. Has had no paroxysm. Take Fowler's solution, 5 gtt. *ter in die*, as a prophylactic.

Remark.—The cure in this case must be attributed to the salt, as he took nothing else on the 29th; for it can hardly be supposed that the gruel had any agency in it.

BOOK NOTICES.

Auscultation and Percussion. **By Dr. Joseph Skoda. Translated from the fourth edition, by W. O. Markham, M. D., Assistant Physician to St Mary's Hospital. Philadelphia: Lindsay and Blakiston, 1854.**

This is an octavo volume of 380 pages, done up in excellent typographical style. The author has long been one of the most eminent clinical teachers on the continent of Europe, and his work is not a mere elementary treatise, designed for the use of of students. On the contrary, it claims to present important discoveries and original views, differing essentially from those entertained generally by the profession. These proposed improvements are two fold—1st, in relation to the principle on which pulmonary sounds are to be explained ; 2nd, a more simple arrangement and nomenclature. The theory or principle by which he attempts the explanation of some of the more important thoracic sounds, he terms *consonance*, and is explained in the following paragraph from the Translator's preface, viz :

"The voice passes into the parenchyma of the lungs through the medium of the air in the trachea and the bronchial tubes, and is not propagated along their walls ; it traverses healthy, as readily as it does hebaptized lung, and even somewhat more readily : consequently, bronchophony does not depend upon an increase of the sound-conducting power of consolidated pulmonary tissue ; moreover, when the lung is consolidated, the thoracic voice increases and diminishes in force, without any concurrent change taking place in the condition of the lung ; this variation in its strength evidently results from the circumstance of the bronchial tubes being at one moment blocked up by mucus, etc., and at another freed therefrom by the cough and expectoration, etc. : if the bronchophony depended upon conduction of sound, it would be a matter of indifference whether the tubes contained air or fluids. It must not be forgotten, that, according to the ordinary laws of reflection of sound, the more solid the parenchyma the more difficult does the passage of the sound from the air into it become.

"That the air in the mouth and nasal cavities consonates with sounds formed in the larynx, is proved by the fact of the changes which the voice undergoes through opening and closing the mouth and nose, whilst the condition of the larynx remains unaltered; just in the same way does the air in the trachea and bronchial tubes consonate with the laryngeal sounds. Now, air consonates only in a confined space, and the form of the consonance depends upon the form and size of the space, and upon the nature of the walls forming it: the more solid the walls, the more completely will the sound be reflected, and the more forcible the consonance. The cause of the loud voice produced by a speaking-trumpet is well known. But the air will consonate with certain sounds only: in the trachea and bronchial tubes, it becomes consonant with the laryngeal voice, in so far as their walls have a like or an analogous character to the walls of ihe larynx, of the mouth, and of the nose. Within the cartilaginous walls of the trachea and the bronchial trunks, the voice consonates nearly as forcibly as in the larynx; but as the bronchial tubes divide in the lungs, they lose their cartilaginous character, becoming at last merely membranous in structure, and therefore very ill-adapted for consonance; when, therefore, the consonance is increased in these latter tubes, we may be sure either that the membrane forming them has become very dense or cartilaginous, or that the tissue around them is condensed and deprived of air, whereby the sound-reflecting power of the tubes is increased. Of course the communication between the air in the tubes and the air in the larynx must be uninterrupted.

"The walls of a confined space frequently vibratein unison with sounds excited within it, as do those of an organ-pipe, or of a speaking-trumpet. The larynx vibrates with every sound, and its vibrations are perceptible at a considerable distance from their point of origin; so, also, must the walls of the bronchial tubes, which are distributed through the parenchyma of the lungs, vibrate when the voice consonates within them; and the vibrations thus excited will extend to the surface of the thorax, passing through several inches of thick, fleshy parts, or of fluids, and manifest themselves there as the consonating sounds of the bronchial tubes."

Though the work is too controversial and erudite to be placed in the hands of students as a text-book on physical diagnosis, yet it is worthy of careful study by the practitioner, and should be in the library of every one who would be thoroughly acquainted with the progress of our profession. We may analyse its peculiar doctrines more at length hereafter.

Principles of Comparative Physiology. By WILLIAM B. CARPENTER, M.D., F.R.S., Examiner in Physiology and Comparative Anatomy in the University of London: Professor of Medical Jurisprudence in University College, etc., etc. With 309 wood engravings. A new American from the fourth and revised London edition. Philadelphia: Blanchard and Lea.

For several years past a valuable work has been before the public from the pen of Dr. Carpenter, entitled "Principles of General and Comparative Physiology." The volume before us is a new edition of that part of the former work, relating to *Comparative Physiology.* It is perhaps better entitled to the appellation of a new and greatly enlarged work on that part of the subject. It is a large octavo volume of 752 pages, reprinted in the best style of Blanchard and Lea, of Philadelphia.

It is one of those works which the genuine student will ever peruse with pleasure. Dr. Carpenter is one of the few prolific writers, who combines a fair share of reflection and originality of thought with the qualities of a good compiler. He is full in description, and copious in the detail of facts, without being tedious; and in the present work he has given us a full and well arranged exposition of the actual condition of the science of comparative physiology. This volume is especially valuable to the majority of American students, for it contains a vast amount of valuable matter gathered from the works of other authors, to which they have no access. The work is divided into fifteen chapters, embracing the following topics, viz: "On the General Plan of Organic Structure and Development;" "General View of the Vital Operations of Living Beings, and their Mutual Relations;" "Of Aliment, its Ingestion and Preparation;" "Of Absorption and Imbibition;" "On the Circulation of the Nutritive Fluid;" "On Respiration;" "On the Exhalation of Aqueous Vapor;" "On Nutrition;" "On Secretion and Excretion;" "Evolution of Light, Heat, and Electricity;" "On Generation and Development;" "Of the Sensible Motions of Living Beings;" "Of the Functions of the Nervous System;" "Of Sensation, and the Organs of the Senses;" "Of the Production of Sounds by Animals."

The reader will readily perceive, by this list of subjects, that the work of Dr. Carpenter embraces a wide and very interesting field of study. We are sorry, however, to find it, like his great work on human physiology, strongly imbued with the chemico-physiological doctrines of M. Liebig. This is especially the case with the chapters on Aliment and Digestion, and on Animal Heat.

In relation to the first, he says:

> "The general facts which appear to have been substantiated, in regard to the mode in which the animal body is sustained by food, may be thus summed up:
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> "I. The waste of the tissues, of which *albumen* or *gelatine* is the basis, must be supplied by albuminous compounds, whether these be derived from the animal or from the vegetable kingdom. The amount of this 'waste,' and consequently the demand for albuminous aliment, depends essentially upon the degree of vital activity which has been put forth, and especially upon the exercise of the nervo-muscular apparatus; and therefore, *cæteris paribus*, it is greater in cold-blooded animals in proportion to the *elevation* of the external temperature.
>
> "II. The materials of the *adipose* tissue, and the oleaginous particles which seem requisite in the formative operations of the system generally, are derived, in the carniverous races, from the fatty substances which the bodies of their victims may contain: whilst the herbivorous not only find them in the oleaginos state in their food, but have the power of producing them by the conversion of farinaceous and saccharine matters.
>
> "III. The foregoing statements are applicable to all tribes of animals, 'cold-blooded' as well as 'warm-blooded;' we have now to consider the special case of the latter. In the *carniverous* tribes the 'waste' of the tissues is so great, in consequence of the restless activity which is habitual to them, that it appears to furnish a large proportion of the combustible material required for the maintenance of their proper temperature. The remainder is made up by the fat of the animals upon which they feed; and it is to be observed that the amount of this is much greater in the bodies of animals inhabiting the colder regions of the globe, than in the inhabitants of tropical climates. In the *herbivorous* tribes the case is different. They are, for the most part, much less active; and the 'waste' of their tissues consequently takes place in a less rapid manner, and is far from supplying an adequate amount of combustible material, especially in cold climates. Their heat is in great part sustained by the combustion of the saccharine

and oleaginous elements of their food, which are appropriated to this purpose without having ever formed part of the living tissues; and the demand for these will be larger in proportion to the *depression* of the external temperature, a greater generation of caloric being then required to keep up the heat of the body to its proper standard.

"IV. Hence 'cold-blooded' animals can usually sustain the privation of food longer than warm-blooded; and this more especially when they are kept *cool*, so that they are made to *live slowly;* and death, when at last it does ensue, is consequent upon the general deficiency of nutrition. On the other hand, 'warm-blooded' animals, whose temperature is uniformly high, must always *live fast;* and deprivation of food is fatal to them, not only by preventing the due renovation of their tissues, but also by destroying their power of sustaining their heat. The duration of life under these circumstances depends upon the amount of fat previously stored up in the body, and upon the retardation of its expenditure by external *warmth*, or by the inclosure of the body in non-conducting substances; and there is evidence that, if this be duly provided for, and all unnecessary waste by nervo-muscular activity be prevented, the life of a warm-blooded animal may sometimes be prolonged for many weeks without food."

And on the production of heat in animals, he says:

"We have now to inquire what are the conditions of the evolution of Heat in the animal economy. That many of the nutritive processes are subservient to it, can scarcely be doubted; but it seems peculiarly to depend upon those changes in which the function of respiration is concerned—viz: the union of oxygen derived from the atmosphere, with compound of hydrogen and carbon existing in the living system. Wherever the æration of the blood is extensively and actively carried on, there is a proportionate elevation of temperature; and, on the other hand, wherever the respiration is naturally feeble, or the æration of the blood is checked by disease or accidental obstruction, the temperature of the body falls. Thus, in spasmodic asthma, the temperature of the human body during a paroxysm has been found as low as 82°; in the Asiatic Cholera, a thermometer placed in the mouth has indicated but 77°; and in Cyanosis, (or "blue disease," arising from malformation of the heart impeding perfect arterialization, § 262), the same low temperature has been observed. Again, whenever the temperature of an animal is, by any extraordinary stimulus, quickly raised above that which it was previously maintaining, it is always in connection with increased activity of the respiratory movements, and increased consumption of oxygen. Thus, during the incubation of bees, the insect, by accelerating its respiration, causes the evolution of heat and the consumption of oxygen to take place at least *twenty* times as rapidly as when in a state of repose. Now it has been seen that arterial blood contains a larger proportion of oxygen than exists in venous blood: whilst, on the other hand, the latter contains a larger proportion of carbonic acid than exists in the former (§ 318); and it seems obvious, therefore, that during the passage of blood through the capillaries, a part of its oxygen has been exchanged for carbonic acid. The source of this product is evidently the union of atmospheric oxygen with carbon, furnished by disintegration of the tissues, or (more directly) by the elements of the food (§ 116); and by this union, caloric must be generated, precisely as by the more rapid union of the same materials in the ordinary process of combustion. Further, since these materials yield hydrogen as well as carbon, and since more oxygen almost always disappears from the air which has been respired, than is contained in its carbonic acid (§ 319), it seems probable (although this cannot be demonstrated) that this element also is subjected to the combustive process, with a further generation of caloric; and that of the water which is exhaled from the lungs, a part has been thus produced Further, there can be no doubt that other combustive processes take place in the system, although these may be the chief; for example, of the sulphur and phosphorus which the albuminous components of the food contain, the greater proportion is thrown off by the urinary excretion (§ 389, viz) in the condition of phosphoric acid, having been combined with oxygen in the system. When all these actions are taken into account—when the amount of heat that should be generated by the production of the quantity of carbonic acid found in the air expired during a given time, is carefully estimated, and the oxygen which has disappeared is considered as having been similarly employed in other combustive processes, especially in the formation of water—it is found that the total so closely corresponds with the amount of heat *actually* generated by the animal during the same time, that it can scarcely be doubted that this process is the main source of calorification."

In these paragraphs we have not only a repetition of Liebig's theories, but also a close imitation of his mode of reasoning.

Aliments are divided into *nitrogenous* and *non-nitrogenous*, or carbonaceous The first, especially in all the warm-blooded and higher classes of animals, is appropriated to the nourishment of the tissues of the body, while the latter is simply converted into fat, or burned off with the oxygen received by respiration, t support the temperature of the animal. Such is the theory; but what are the facts on which it rests? They are, first, the greater analogy in composition between the albuminous tissues of the animal and the nitrogenous constituents of food; second, that carbon and oxygen unite to produce combustion and the development of caloric out of the body, and hence it is claimed that their union in the living body, however slow and under whatever circumstances it may take place, would be productive of the same ultimate effects, viz.: the production of sensible caloric; and third, that the necessity for the production of caloric in warm blooded animals being greater in cold climates than warm, it is assumed that the inhabitants of high northern latitudes habitually consume a much larger amount of *non-nitrogenous* or carbonaceous matter, than those between the tropics. These alledged facts are all *general* and bear only a remote relation to the conclusions sought to be deduced from them. It may be strictly true that the composition of muscular structure, for instance, bears a closer analogy to that of animal albumen and vegetable gluten, than to starch, sugar or oils; and yet it by no means proves that the first is nourished *exclusively* by the second. Again, it may be true that certain barbarous tribes in high northern latitudes habitually eat large quantities of whale-blubber and other oleaginous matter, but this fact alone does not prove such oleaginous matter is appropriated exclusively to the support of combustion and animal heat. It would be quite as rational to conclude that they eat this because they can get nothing better, and the fact that they are compelled sometimes to live for many days almost exclusively on such oleaginous substances, and at the same time present a good degree of health, and also fnll nutrition of the muscular and albuminous tissues, rather militates against the idea that nature actually preserves any such arbitrary division of the proximate elements of food, appropriating one exclusively to the nourishment of one set of tissues and another to a different purpose. But it is not really true that the inhabitants of the earth eat carbonaceous food in proportion to the coldness of the climate in which they are placed. On the contrary, we find individuals and whole communities living on almost exclusively carbonaceous food in every climate from the equator to the polls.

Thus, the whale blubber and the white bear's meat, so often eaten by the tribes that roam over the frozen regions of the north, is not any more carbonaceous than the oat-meal of Scotland or the *rice* of India, on which millions feed with scarcely a pound of animal food once a year. And yet the men of Southern Asia, who live almost exclusively on rice, present as strong a development of the muscular and nitrogenous tissues as any other inhabitants of the earth. But as we have already said, such facts relating to whole tribes and communities are too remote and general to be of value in determining the specific appropriation of particular proximate elements of food. This must be done by more direct and careful observation. We became satisfied several years since that the whole theory of Liebig in relation to the *combustion* of the carbonaceous elements of food and the almost exclusive appropriation of the nitrogenous elements to the nourishment of the tissues was essentially erroneous. At the meeting of the American Medical Association in Charleston, S. C., May 1851, we read a paper detailing a series of experiments, the results of which were directly adverse to the views of Liebig and Carpenter. That paper was a few months after published in this Journal. Since that time the experimental researches of M. Bernard, M. Dumas, M. Brown-Sequard and many others, have been making constant inroads upon the Geissen Professor's chemico-physiological doctrines. We deem it a serious fault, both in the present work of Dr. Carpenter and the one on Human Physiology, that the doctrines of Liebig are set forth too much as established truths. In this the author has not displayed that critical research and close analysis which the present state of physiological science demands. Aside from this, however, the volume before us is one of great value. We wish it could be thoroughly read by every American student. One of the prevailing faults of our profession in this country, arises from a restricted and narrow field for study. Our students limit themselves too much to the mere text-books of the profession. They study man in his healthy and morbid conditions in a manner too isolated—too much cut off from his connection with, and relations to, the rest of animate nature. Their eyes are fixed too exclusively on a single link in the great chain of living beings. Hence the light which is shed on the physiology of man by the progressive development of different species of animals is, to them, lost; and they are apt to embrace as truths, that which a wider scope of investigation would show to be error, or only partial truth. Then again, they fail to gain that enlarged view, that elevation of thought, and that sublime enjoyment which is derived from a survey of nature in her length and breadth, and a clear perception of the adaptation of each item to its appropriate end. We repeat our wish that every American Medical Student would procure Dr. Carpenter's work, and read it carefully. D.

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The Principles of Animal and Vegetable physiology; A popular Treatise on the functions and phenomena of Organic Life. To which is prefixed a General View of the great departments of human knowledge. By G. STEPHENSON BUSHNAN, M. D., Physician to the Metropolitan Free Hospital, &c. &c, with 102 illustrations on wood. Blanchard and Lea, Philadelphia, 1854.

This is a re-print from the London edition, of an Octavo volume of 234 pages. It is composed of two parts. The first is "on the nature, connexions and uses of the great department of human knowledge." The second is on "the Physiology of Animal and Vegetable Life." The book is designed, not for *professional*, but for *popular* reading and study. It is written in good style, and though necessarily brief in the discussion of the great science of Physiology, it presents that science in its true state, the author being well versed in the recent improvements which have been made in the branch of knowledge on which he writes. As a popular treatise for the general reader, it is doubtless one of the best now before the public.

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The principal Forms of the Skeleton and of the Teeth. By Professor R. OWEN, F. R. S., &c. &c, Author of "Odontography." "Lectures on comparative Anatomy," "Archetype of the Skeleton," "On the nature of *Limbs*," "History of British Fossil Mammalia, &c &c." Philadelphia, Blanchard and Lea, 1854.

This is also an Octavo Volume of 229 pages. re-published from the first London edition. The author is one of the most distinguished cultivators of natural history and comparative anatomy; and his book though brief, is nevertheless highly interesting and valuable. Like the preceding, it was written chiefly for the general reader and they both constitute a part of a series of works published in London, and styled "Orr's Circle of the Sciences." The present volume will well repay a careful perusal even by the professional reader.

A Popular Treatise on the Skin and Hair, their Preservation and Management. By ERASMUS WILSON, F. R. S.. Author of a Treatise "on Diseases of the Skin," A System of Human Anatomy," &c. &c. Second American, from the fourth and revised London edition; with illustrations. Philadelphia: Blanchard and Lea, 1854

Former editions of this work have been before the public for a considerable time, and its merits are consequently well known. As its title imports, it is designed for the *general* rather than the professional reader, and is well calculated to impart knowledge of much value to all classes.

EDITORIAL.

EDITORIAL GLEANINGS.

Yellow Fever at Savannah.—The epidemic at Savannah has been unusually severe; and the members of our profession have suffered in a ratio fully equal to that of any other class. We learn that Drs. Schley, Wells, Ellis, Gordon, Harris and Wildman, have all fallen victims. The two last named in the list had only a short time previous to their death published statements strongly recommending the Muriated Tincture of Iron, as a remedy of great value in the treatment of Yellow Fever. Concerning it Dr. Wildman uses the following strong language, viz.:

"I have treated over one hundred and fifty cases of Yellow Fever since the 21st ult., (August), and of that number not one has died who commenced this remedy prior to Black Vomit. Since the 21st ult., I have not administered five doses of any other medicine. I give the tincture in doses varying from 20 to 60 drops every two hours in a tablespoonful of water for adults; and smaller doses for children. The cure is generally perfected in three days. This preparation of iron acts by medicating the blood and exerting styptic qualities upon the coats of the stomach."

It may be a very valuable remedy, but it appears not to have saved those who had the most implicit confidence in its virtues. But while the resident physicians are falling rapidly one after another, other members of the profession do not hesitate to take their places. Drs. Bacon and Brantley went into the city and offered their services in the midst of the epidemic. Such conduct evinces a nobler *heroism than that of Napoleon or Alexander the Great.*

Fractures of the Humerus.—Prof. F. H. Hamilton, of Buffalo recently read a paper before the Erie county Medical Society, in which he recommends Fractures of the Humerus to be dressed with the *arm straight* and a *long splint fitted* to its *whole length.*

The object is to prevent motion at the elbow-joint, which also moves more or less the fragments of bone and adds to the risk of leaving non-union.

Fissures of the Rectum.—Both Sir Benj. Brodie and Mr. Quain, claim that Fissures in the rectum can be completely cured by simply dividing ahe skin and mucous membrane without laying open the sphincter ani. This is a very desirable modification of the operation if it proves generally successful.

Treatment of Cancer.—Both Professor Arnott, of London and Bennet of Edinburgh, recommend the treatment of scirrhous tumours of the breast by the application of intense cold. A mixture of pounded ice and salt is to be applied daily. five minutes at a time.

It is said to remove the pain and cause the tumor to decrease very much in size. It is worthy of fair trial.

Anti-Periodics.—Dr. Bailey, of Emmettsville, Indiana, in his inaugural thesis published in the Western Lancet, recommends *Nitric Acid* as an efficient anti-periodic for the cure of intermittent fever.

He gives it in doses of from five to eight drops diluted in water. and repeated every six hours, without reference to the febrile exacerbation.

Efficiency of Vaccination.—Dr. Seaton, in a report recently read to the Epidemiological Society of Great Britain, gives the following valuable statistics, viz. :

"(A.) Table showing the average of deaths from small-pox out of every 1000 deaths from all causes, within the bills of mortality. for decennial periods, during the last half of the last century (the half century preceding vaccination):—

For the 10 years	ending	1760	100	in every	1000
"	"	1770	108	"	"
"	"	1780	98	"	"
"	"	1790	87	"	"
"	"	1800	88	"	"

"(B) Table showing the average of deaths from small-pox out of every 1000 deaths from all causes, within the bills of mortality, for decennial periods, during the first half of the present century (the half century succeeding the introduction of vaccination).

For the 10 years	ending	1810	64	in every	1000
"	"	1820	42		"
"	"	1830	32		"
"	"	1840	23		"
"	"	1850	16		"

These facts demonstrate very clearly the safety and value of the grand discovery of Dr. Jenner.

Quack Remedies.—At the late meeting of the American Pharmaceutical Association, the following suggestions were adopted concerning a subject of some importance, viz.:

"That the desire for medicine can be gratified in a legitimate way by regular officinal preparations;

That it is the duty, as well as interest, of the apothecaries and druggists, to advocate the use of the officinal preparations in lieu of the quackery of the day;

That it is the rightful interest of the regular pharmaceutists to divert the thousands, which now annually flow into the coffers of quacks, into their own limited stores, where of right it belongs.

This can only be done by a united and sustained action on the part of the pharmaceutists and druggists of the Union, by which they will practically refrain from the sale or advocation of secret medicines, and substitute regular officinal compounds for them, correctly labelled with name and directions for use.

This course should receive the sanction of physicians, as the only one likely to remedy the evil, as the tendency to take medicine ***ad libitum*** is a feature of the Anglo-saxon race, duly inherited by the American people, which, whatever may be its faults, is as much their nature as is the love of political and personal freedom."

Narcotism by Opium.—In the October number of the American Journal of Medical Sciences, Dr. W. R. Bullock, of Delaware, relates a case in which a man of intemperate habits, aged about 40 years, on retiring to bed at 10 P.M., was supposed to have taken over two ounces of Laudanum. His unusual breathing attracted the attention of his wife, and Dr. Bullock was called at 12 o'clock, two hours after the poison had been swallowed.

He describes the symptoms as follows, viz.: "Found him lying on his back on a truckle-bed; countenance palid and bathed in a cold prespiration; lips somewhat livid; eye-balls turned up beneath the lids, and fixed; pupils contracted and immoveable; head hot; insensibility to external impressions profound; respirations three to four per minute, jerking, and somewhat stertorous; extremities warm; pulse accelerated, full and hard.

The treatment consisted in venesection to the extent of 12 oz., the application of cold to the head, sinapisms to the extremeties, and an enema to move the bowels, before positive evidence of his having taken the laudanum was obtained. Then an unsuccessful attempt was made to introduce the stomach tube, for the purpose of removing the contents of that organ. The patient continuing to fail, by one of Kinne's electro-magnetic machines, currents of electricity were passed through the muscles of the chest, the abdomen, and the diaphragm, and the effect kept up continuously. Sinapisms were also kept applied over the spine. His respiration increased slightly in frequency, and his pulse remained good. About 4½ A M. the patient awoke, and spoke to those around him, and remained conscious about three quarters of an hour. During this time his respiration was more frequent, but sighing, and his pulse became full and hard. He swallowed some ammonia and cold water with difficulty, and the electricity was discontinued. After the length of time mentioned he broke out in a profuse sweat, and rapidly sunk into a stste of more profound unconsciousness and depression than at first. The application of electricity was again resumed, the currents being passed not only through the muscles of the chest and abdomen, but also along the medulla oblonga and spine. The greatest effect was produced when the current was passed in the direction of the sphrenic nerve. This treatment was kept up until 1½ P. M., when the patient again suddenly awoke to consciousness, and recognized those around him. His respiration, though still slow and sighing, was improved, and the pulse became stronger, while the head was very hot. Feeble momentary currents of electricity were now continued, cold water applied to the head, sinapisms continued over the spine and extremities, while cold water, ammonia, strong coffee, and beef tea were given immediately. The patient continued from this time conscious, and slowly recovered, having been in a state of profound depression and unconsciousness, except an interval of three quarters of an hour, during 14 hours. It was noticed throughout that the heart's action was much less diminished than the process of respiration.

During the past summer, I was called in consultation to see a case of extreme narcotism. A nursing child, aged about 9 months, had been affected with diarrhœa, and the father gave her, about 8 A. M., half a tea-spoonful of what he had purchased at a drug store for Paragoric or Camphorated Tincture of Opium. The vial was also labelled *Paragoric*, but on examination its contents were found to be *Laudanum*. In a short time after the medicine was taken the child exhibited signs of spasms, and rapidly sunk in a profound stupor. The father, alarmed at its appearance, took it in his arms to the office of Dr. G. B. Page, which was near by. Before the Doctor saw it, however, the child was already entirely unconscious, and incapable of swallowing. The face was pale, the pupils contracted, the pulse feeble, and the respiration extremely slow, being not more than from three to five inspirations per minute; and if allowed to remain 15 or 20 minutes at rest, the respiration would seem to cease, and the pulse become extremely feeble. Dr. Page being satisfied that the laudanum had nearly disappeared from the stomach by absorption, made no attempt to introduce the stomach tube or evacuate the stomach in any way. To keep up respiration, however, he directed every five minutes a stream of cold water upon the head and chest, keeping it wrapped during the intervals in warm blankets. The cold invariably quickened the respirations for a time, and by its faithful repetition the child was apparently kept alive until I saw it at 4 P. M. It was then in the same condition as above described. I advised the dashings of cold water to be continued, and as nothing could be swallowed, I recommended the use of enemas of strong tea, repeated every half hour. This was done, and about 5 P. M. the child began to manifest signs of consciousness, and from that time rapidly recovered. There was a slight degree of febrile reaction and heat of head after the return of sensibility, but none before.

Precocious Infant.—In Morland's Extracts from the Boston Society for Medical Improvement, published in the American Journal of Medical Sciences for Oct. 1854, Dr. Blake relates the following case: "May 11th, attended Mrs. H., in her fourth confinement. After a tedious, though not severe labor, she was delivered of a female child, unusually vigorous, and weighing at birth, eleven and a half pounds. On the third day subsequent, while visiting his patient, the nurse asked, "Doctor, do you see our baby laugh?" Incredulous he crossed the room—but to his surprise, the infant returned an answering smile to the caresses of the nurse. With a look of intelligence, it turned to the father who stood over it as he patted its cheeks, and as quickly turned its eyes on Dr. B., when he did the same; and when he stepped aside, its gaze followed him (attracted, he supposes, by his spectacles) until, being out of view, it cried aloud; returning to its side, a smile of pleasure again greeted him, and the cry was once more repeated when he ceased to notice the little one. There was unmistakable evidence of pleasurable and sad emotions; and showing the distinct recognition of sensible objects, by an infant as yet carcely sixty hours old. That it was no accidental circumstance he like manifestations, which were daily noticed afterwards, sufficiently prove."

Powerful Effects of Small Doses of Opium.—Dr. Morland es a case on which a man on going to bed at 10 P. M., swallowed by mistake, a pill containing *five* grains of solid opium. The next morning he "was found lying on his left side breathing with an occasional snore; he was bathed with perspiration, which, increased by warm coverings, had soaked his night-flannel and shirt completely, had wetted the sheets and pillow-case, and even the ticking of the bed."

Every effort to arouse him produced but slight effect. An emetic of salt and water was given, and though vomiting was induced, he was aroused only momentarily. Strong coffee was administered with no better success. Injections of soap and water were administered, and a purgative of calomel, jalap, and ipecac. This not operating, and no change being induced after waiting some hours, 1½ drops of Croton oil were administered. This was followed by a moderate fecal discharge in about three quarters of an hour, and also a free flow of urine. He continued, however, soporose, pale, with pulse 68 or 70, and feeble until evening, when he rather suddenly became wakeful and restless. From that time he gradually recovered his usual health. Speaking of the small amount of opium which will sometimes produce dangerous effects, Dr. Christison records a case in which "four and a half grains of opium, combined with nine grains of camphor, given to an adult, proved fatal in nine hours." And Dr. J. B. S. Jackson has reported a case in which *five drops of laudanum* injected into the rectum of a child 18 months old, proved fatal in *six hours.* It will be seen from the foregoing that fatal results have followed the exhibition of smaller quantities of opium than some physicians recommend to be freely given in the treatment of dysenteries and fevers. It must be borne in mind, however, that the capability to bear with impunity any given quantity of opium depends very much on the condition of the patient. Thus, the quantity of opium which the same child would receive without any serious effects while laboring under an active dysentery, would prove speedily fatal if given during the existence of a bronchial or pneumonic inflammation.

Epilepsy Treated by Ligation of Carotid—In the American Journal of Medical Sciences for Oct. 1854, Dr. Joseph B. Brown of the U. S. Army, relates a case of epilepsy of several years duration and of great severity, which was cured by trying the common carotid of one side. The patient was a female, aged 22 years, and had suffered a convulsive paroxysm every hour in the twenty-four; yet she retained all her mental faculties perfect, and no cause could be detected adequate to account for the existence of the disease except the disordered circulation of blood in the brain Dr. B. ligated the common carotid on the right side above the omohyoides muscle. No bad symptoms followed, and the patient has had no paroxysms of epilepsy since, a period of five years having now elapsed. No chloroform was used during the operation. D.

Medical Humbugs.

We presume our readers generally are aware that Dr. James McClintock, late Professor, &c., has sold himself to a New York druggist. We saw at the time numerous notices of his professional back-sliding; but it had almost escaped our memory till we were reminded of it this morning by a benevolent darkey, who thrust one of the extinguished professor's circulars into our hands. The following certificate indicates the reasons for the sale:

CERTIFICATE.

This is to certify that I have placed in the hands of Messrs. A. Cushman & Co., New York, the recipes of my "Family Medicines," with my full authority to prepare and offer them for popular use. They are such as I have been in the habit of recommending and prescribing for many years, and their composition is well known to hundreds of regular physicians who have been my students, and who are, many of them now practising with distinguished success in all parts of the country. My inducements for this step are numerous: one of the most urgent is, that the demand for my remedies has become so large, through private report of their success, as to make their preparation too great a draft upon my time; another is the repeated solicitations of my friends and patients, in the belief that the general introduction of my remedies would be in many respects a public benefit; and finally, in securing the co-operation of Mr. Alex Cushman, who is a thoroughly educated Chemist, and practical Apothecary of many years' experience, whereby I am enabled to assure he public that they will be prepared in the best, purest, and most perfect rm, regardless of expense.

JAMES M'CLINTOCK, M. D.,

ate Professor of Anatomy and Surgery in the Philadelphia College of Medicine, and Acting Professor of Midwifery; one of the Consulting

Physicians of the Philadelphia Hospital, Blockley; late member of the National Medical Association; member of the Philadelphia Medical Society; member of the Medico Chirurgical College of Philadelphia; formerly President and Professor of Anatomy and Surgery in Castleton Medical College, Vermont; and also, late Professor of Anatomy and Physiology in Berkshire Medical Institution, Pittsfield, Mass, &c., &c., &c.

PHILADELPHIA, November, 1853.

☞The undersigned, in accepting the proprietorship of Dr. James Mc Clintock's Family Medicines, would respectfully state to the public, that in his proffession as Dispensing Chemist, for nearly fifteeen years past, during which time he has been actively connected with the best pharmaceutical establishments in this country, he has had constant occasion to see and prepare the prescriptions of the most eminent physicians, among whom he would name Dr. ott, Dr. Parker, Dr. Francis, Dr Cheeseman, Dr Reese, Dr. Whittaker, Dr. Schmidt, Dr Ho ack, Dr. Kissam, and many others in the city of New York. The experience thus acquired enables him to discriminate with confidence between "legitimate medicines" combined scientifically, and the inaccurate mixtures of quackery and ignorance; wherein for want of proper knowledge in combining them, the best ingredients may neutralize and destroy each other. It is with pleasure, therefore, he testifies, that the prescriptions of Dr. James Mc Clintock are not only composed of the most valuable medicinal agents employed by our best practitioners, but they are combined in such accurate proportions, in relation to their chemical and medical effects, as to secure the attainment of the utmost increase of their power and efficiency. In conclusion, he will only add for himself that he can refer with confidence to his past career, as his guarantee to the public, that these "great remedies" will be faithfully prepared in strict accordance with the prescriptions of their distinguished Originator.

ALEX. CUSHMAN,
Graduate and Trustee of New York College of Pharmacy.

The conditions of the sale are not given; but we have heard it intimated, that for the prescriptions and the use of his name he received fifty thousand dollars, or rather that for that sum he has sold himself, professional honor, reputation and influence, and has become a mere thing, the instrument of a pill maker and powder vender. Physicians are subject to temptations, like other men, and it can hardly be expected that of all who attain to eminence in the profession, there will be none who yield to the influence of wealth and ease. We claim with confidence, however, that such examples are fewer in our profession than in almost any other.

It is true there are all sorts of vampires hanging on to the skirts of medicine, ignorant pretenders, and shrewd charlatans, self-dubbed doctors accommodating themselves to every change of the popular sentiment for the purpose of winning the popular fee. In contrast with these are the practitioners of legitimate medicine, men who have patiently toiled year after year, slowly but surely solving one after another of the great mysteries of nature, listening to her voice as she speaks through insect, bird and beast, through flowers and trees, till at length with practiced ear and skilful hand, they are prepared to detect the discords of life's harp, attune its strings, and wake its wondrous harmonies. The study of truth in nature makes men better; it is for this reason that but few who have won an honorable admission to the ranks of our profession have disgraced it by prostituting themselves to quackery.

We had intended to say something in reference to the various isms and pathies of the day. We believe there is a reason for their existence, and that in their ultimate results they will add to the treasures of our science and the triumphs of our art No system either of religion, politics or medicine can gain to any great extent the confidence of the public unless it contain in itself something of truth, or be corrective of some wide-spread and popular abuse. Hydropathy and homœopathy will illustrate the idea. The first consists of the elevation of a subordinate truth in medicine to a central position. Water has long been known as a remedial agent; but not until quite recently was it ever regarded as a universal remedy. Its advocates have erected around it a system from which is carefully excluded every idea not consistent with the free and indiscriminate use of their grand panacea The result of all this will be a thorough proving of water as a remedial agent: the indications for its use, and the good that can be accomplished by it, having been once thoroughly demonstrated the errors of which the system has been constructed will be forgotten, and all of truth that remains will be re-absorbed into the body of legitimate medicine. The results of other partial systems will be precisely the same

Homœopathy, on the contrary, has had its origin in an abuse of active medicines, not by the profession alone, but by the people; and it is, perhaps, difficult to say in this case which worse—the disease or the remedy. The first kills, the second allows the patient to die; the first introduces into the system disturbing forces, which may be right or may be wrong; the second withholds all correctives, and trusts alone to unaided nature. The mission of homœopathy is to show what nature can and cannot do. When this is once accomplished, Hannemann will be forgotten, while our science will be enriched by the numerous experiments of his followers.

It is thus that science progresses; its very errors, the germs from which its offshoots grow, are the occasions for the development of truth. J.

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To Members of the Illinois State Medical Society :

As Treasurer of the Society I owe the members an apology. At the last Annual Meeting the Treasurer was directed to notify all members not present of the amount of the Annual Assessment, in time to receive payment of the same before the 1st of August. I prepared circulars accordingly, but soon found myself in the midst of a cholera epidemic, which required all my time at the bed-side of the sick, both day and night. The circulars were consequently not sent until so late a period that many did not receive them until after the time fixed for payment. The same circumstances which delayed the sending of the circulars has also delayed the publication of the transactions of the Society. The latter will be issued from the press soon. Still if any members have withheld their assessment on the supposition that it was too late, they can still forward it immediately and they will be in time to retain their names in the list of members.

N. S. DAVIS,
Treasurer of State Society.

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To Subscribers. Some complaints have been made on account of the irregularity and delay in the issue of the Journal during the last few months. When we entered upon editorial duty, three months since, we promised to have the evil remedied, but have found it impossible to do so until the present time. This number is issued during the first *half* of the month, and the next we trust will be fully up *to time*, viz.: on the first of the month.

One source of embarrassment which we have met with belongs to the subscribers. When the publisher has been urged to greater promptness. he has uniformly complained that many of the subscribers do not pay up, and when dunned they get angry. Now we think we are safe in saying, that in future, the Journal shall be issued with regularity and promptness, and we trust every subscriber will feel himself under obligations to pay equally regular and prompt. If so, all parties will get on easily and good-naturedly. D.

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Rush Medical College..—The first Tuesday in this month was the time for commencing clinical instruction in the Hospital, and the opening of the dissecting rooms in the College. Already (Oct. 6th) quite a number of students have arrived in the city and have commenced their daily visits to the Mercy Hospital. which is very full of patients, both medical and surgical. A large proportion of the patients are laboring under the graver forms of fever and dysentery. The prospects are good for a large class in the College during the coming winter.

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Appointment.—We see, by a recent notice, that Dr. S. B Hunt has been appointed to the Chair of Anatomy in the medical department of the University of Buffalo. Dr. H. has been for some time connected with the *Buffalo Medical Journal.* He possesses energy and ability, and will do honor to the school with which he has become connected. J.

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Correction.—Our attention has been called to a typographical error in the article of Dr Payne on Opium. &c., published in the July number of this Journal. On page 300, line twentieth from the top, for "sulphate morphine, grs. iv.," read "sulphate morphine, grs. ¼." We regret that such an error should have occurred; but we presume it has occasioned no harm, as it must have been evident to all that it was an error of the types. J

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

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ORIGINAL COMMUNICATIONS.

ART. I.—*Monthly Reports on Epidemics and the Sanitary condition of Chicago*, prepared for the Cook County Medical Society at the Meeting in November, 1854. By N. S. DAVIS, M. D., and Prof. in Rush Med. College.

The last report, made by your committee, had reference to the diseases prevalent through the month of August. Not having been able to attend the meeting of the Society on the first Tuesday in October, no report was made for September, and hence the present paper will contain a brief review of two months.

Having in the former reports traced somewhat in detail the progress of cholera and its connection, as far as possible, with the appreciable conditions of the atmosphere, we shall at present occupy very little time or space with that subject. At the close of our last report, the cholera had ceased its ravages as an epidemic, but sporadic cases continued to occur in all sections of the city, causing from two to ten deaths per day. During the first three weeks of September, the weather was moderately cool, and for the most part the atmosphere was dry. During this time the average number of cases and deaths from this disease gradually decreased. This was so much the case, that for several days previous to the 21st, I met with [illegible] marked case of the disease.

On Friday, September 22d, I learned of four deaths from cholera within the compass of two blocks, between [illegible] and [illegible] Lake streets, west of the West Side [illegible] all been attacked during the evening of the 21st and [illegible] dead or in a state of collapse [illegible] inquiring of physicians, I learned of [illegible] other cases occurring at the same time, chiefly in the West division of the city. The number of cases and deaths occurring on the 21st and 22d, was sufficient to indicate a sudden and well marked increase in the prevalence of the disease. A few days later the same increase of cases and deaths was found to exist in the South and North Divisions; and it continued with little or no abatement until the 13th of October. The whole number of deaths during the month of September from all diseases was 560: of which 240 were reported to have resulted from cholera. During the first 13 days of October the number of deaths from all diseases was 1[illegible], of which 77 were attributed to cholera. During the week following the 13th the attacks became much less frequent and for some time past I have not met with a single well-marked case. I have stated that during the first three weeks of September the weather was moderately cool and dry, and the prevalence of cholera slowly diminished. On the afternoon and evening of the 21st of the month there was a notable change. The atmosphere became very nearly saturated with moisture and the night warm. This state of the atmosphere continued two weeks. The temperature was at no time very high, neither was there at any time more than a slight sprinkling of rain, yet the proper tests showed constantly a high degree of saturation; and some days the air was filled with a visible mist or fog. It was during this time that the cholera attacks became again so numerous as to cause considerable uneasiness in the public mind, and several well known citizens became its victims. During the third week in October the weather became cooler, accompanied by one or two copious rains, which for the first time thoroughly saturated the soil with fresh water. Since then the atmosphere has been clear, dry and pleasant, accompanied by a rapid improvement in the public health. The increase of sickness which was noticed during the last part of September and the first of October, was undoubtedly caused in part by the increased influx of emigrants from Europe and the rapid return of many from other parts of the Union under the impression that the cholera had entirely ceased in the city. It is worthy of note also that the specific character and phenomena of most of the attacks which have occurred during the last period of the prevalence of the cholera, was somewhat different from those that were noticed during the summer. A smaller proportion of them were *rapidly* fatal, and there was manifested a much greater tendency to stop vomiting and purging before complete collapse, and to result in a very low grade of secondary typhoid fever, which it was often extremely difficult to remove. There were many cases also, that presented the copious vomiting, purging, cramps, and rapid prostration of ordinary epidemic cholera; but the matters vomited, instead of presenting the appearance of rice-water, were, throughout, thin as water and of a deep *green* or *yellow* color.

Although such modifications were seen in many of the cases, yet there were some as rapidly fatal as at any previous part of the season. I recollect well the case of an Irishman who had been in the city only a few days. He rose in the morning, eat his breakfast, and went to his work in a marble yard near by.—He shortly after fell sick, returned to his boarding house, and in less than one hour, he was in a state of complete collapse, and before noon life was extinct. I learned, however, that he had had serous diarrhœa during the last part of the night and early morning, but without mentioning it to any one. In one particular the following case may be worthy of recital:

Miss C., a school girl, aged 16 years, large size and fleshy, was attacked with active cholera on the evening of Oct. 10th. I was called to visit her in the night. Found her vomiting and purging frequently, the matter discharged being entirely serous or rice-water. Her eyes were sunken and the skin underneath of a leaden or purple color; the skin on the extremities shriveled and cold; pulse very small and frequent; the voice husky; extreme thirst for cold water; frequent cramps in the extremities; and great restlessness. I directed strong sinapisms of mustard to be applied over the epigastric region, the spine and the extremities; and a powder consisting of calomel 2 grs. acetate of lead I gr., and acetate of morphine ¼ gr., to be given *immediately after every* paroxysm of vomiting, and if the vomiting ceased, to be continued every hour until the diarrhœa ceased also. Her drinks were restricted to coffee and cold water given alternately in table-spoonful doses, and small pieces of ice to hold in the mouth. The next morning I found her still with a cold and corrugated skin, sunken eyes, husky voice, rapid and feeble pulse; but the vomiting, purging and cramps had ceased. As she was wakeful and restless, I continued to give her morphine in doses of ¼ of a gr. combined with one grain of calomel, every three hours, and spts. nit. dulc.. half a tea spoonful between the powders. Up to this time there had been no secretion of urine, and the thirst remained unabated At evening she had a moderate evacuation of urine, and two small discharges from the bowels consisting of a serous fluid of the color of strong coffee with black flakes floating in it. There was also more reaction, the skin being warmer, the cheeks slightly flushed, but the pulse, thirst, &c., the same as in the morning. I now directed her the following, viz.:

℞ Sulp. quinine	12 grs.
Pulv. G. camphor,	5 grs.

Mix and divide into five powders, one to be taken every two hours Beef-tea had been given in small quantities frequently throughout the day, together with some coffee. These were continued. I was in hopes the quinine and camphor would give more force and steadiness to the heart's action, and thereby render the pulse fuller and slower. In this, however, I was disappointed. The next morning the pulse still remained small and quick, at least 150 per minute, the skin around the eyes and on the extremities of a purplish color, but warm; the cheeks deeply flushed and hot; considerable thirst; the tongue coated and dry; slight wandering of mind at times; and great restlessness. She had passed a small amount of urine and one or two discharges from the bowels very similar to that of the day previous. Believing that no healthy capilary circulation or functional action could be established while the pulse continued so rapid and feeble, and the patient presenting the appearance of sinking soon into a most dangerous typhoid condition, I determined to try the effects of a direct and powerful sedative. All the previous remedies were discontinued except the animal broth, and the following, viz.:

℞ Sat. tinct. veratrum viride, ʒi.
Tinct. opii et camph. ℥i.
Spts. nit. dulc. ℥i.

Mixed, was given in doses of a teaspoonful (one fluid drachm) every four hours, and the face add neck sponged over frequently with cold water.

At the end of twenty-four hours, I found the pulse reduced below 90 per minute, and more full; the cheeks were less flushe , and the color of the skin improved. The patient had slept more quietly, during which a slight perspiration appeared on the forehead. She had vomited a little green fluid once or twice, and had discharged from the bowels once, the evacuation being less thin, and of a greener color, instead of black.

I continued the same treatment, only diminishing the dose of the medicine to half a teaspoonful, given at the same intervals of time. During the succeeding twenty-four hours there was no vomiting or intestinal discharges; the pulse became natural in frequency; the thirst ceased; the urinary secretion was free and natural; and the countenance good, with some appetite. From this time the patient took very little medicine of any kind, and rapidly recovered. The point of interest in this case was the extreme rapidity of the pulse, continuing after the evacuations had ceased, and the apparently prompt influence of the veratrum in controling it, and arresting the development of a severe secondary typhoid fever. Those who have had much to do with the treatment of cholera have not unfrequently met with cases in which the discharges cease before entire collapse or loss of pulse at the wrist, but in which the pulse becomes extremely rapid, small, and feeble, accompanied by just enough re-action to give warmth to the surface over the face and trunk, with remaining coldness and lividity of the extremities, and nearly suppressed secretion of urine.

So far as my observations go, such patients linger from one to six days in a typhoid condition, with occasional vomiting of a green liquid, and then die; though a few slowly recover. Regarding the rapidity of the pulse in such cases as depending on extreme exhaustion, I have generally endeavored to support the patients by moderate stimulants and nutritious drinks But the large proportion of deaths with those who get into the state here described, determined me to use the veratrum viride in the foregoing case, for the purpose of directly diminishing the frequency of the heart's action. The result was such, that I shall try it again, if I chance to meet with other cases presenting the same condition of the circulation. In endeavoring to improve our stock of knowledge in regard to the successful treatment of cholera, we shall, doubtless, gain more by studying carefully the varying indication which spring up in the progress of different cases, and the means best calculated to meet those indications, than by the vain search after new remedies which may be applicable to all cases and stages of the disease.

Dysentery. During the two months embraced in this report the prevalence of Dysentery in this city has very much exceeded in the number of attacks, that of Cholera. It has prevailed, more or less, among all classes and ages, but the emigrants, those who have recently commenced their residence here, and the children, have suffered most As a general rule, the disease has been mild and easily controlled by proper remedies; but there have not been wanting cases of the most obstinate duration, and others of the most malignant or rapidly fatal character. The great majority of cases that I have met with, have commenced with rigors, followed by fever, pain in the head, loins, and extremities, together with frequent discharges of mucous, more or less mixed with blood, and accompanied by severe griping pains and tenesmus, agreeing in all respects so fully with the descriptions of the disease given by well known authors, that any details given here would be a waste of valuable time. A few cases have been observed in which the disease manifested distinct periodicity, and readily yielded to the use of Quinine and Opium in anti periodical doses.

The most dangerous class of cases have been characterized in the beginning, by pretty *copious* and frequent discharges of a serous fluid, mixed with sufficient dark colored blood to give the whole a dark red appearance. The patients complain of comparatively little pain or tenesmus, but feel a great sense of oppression and distress in the epigastrium, and extreme debility. The general febrile action is feeble, the extremities often being cool; the pulse soft and not more than 90 per minute: the countenance of a leaden or dingy hue and the expression dull; the mouth dry: the voice husky; the respiration feeble, and the mental operations slow. If the disease continues uncontrolled from three to five days, the tongue becomes more dry and covered, especially in the middle and back part, with a brown coat; the upper lip becomes retracted and the teeth covered with sordes; the pulse more frequent and feeble; the mind more dull and disposed to wander; and the discharges continue frequent, considerable in quantity, and consisting of a large proportion of very dark colored blood, and emitting an extremely offensive odor. Generally there are flakes and shreds of Lymph mixed with the discharges. Some of the cases terminate in fatal exhaustion between the end of the first and the middle of the second week Others terminate still earlier by the supervention of true cholera, or rice-water, discharges with vomiting, and almost immediate collapse. I have seen only three or four of this class of cases. The following case will illustrate both the symptons and treatment of that form of the disease which we have been describing.

Mr. B., a native of Ireland, aged about 30 years, was admitted into the Mercy Hospital during the second week in October. He had been sick five or six days. His face was of a purplish red color; his tongue covered with a dry, brown coat, upper lip retracted, and teeth covered with dark sordes; mind very dull and inactive; pulse 90 per minute and soft; skin dry and rough; abdomen full and tympanitic; with very frequent discharges from the bowels, consisting almost wholly of dark blood, emitting a very offensive smell, and amounting to very considerable in quantity. The discharges were frequently accompanied by much pain, and an imperfect control over the sphincter of rectum, allowing the blood to escape sometimes involuntarily. Wishing to diminish the quantity of bloody discharge, I directed for the patient a powder consisting of

℞ Pulv. Opii,	1 gr.
Pulv. Alum,	4 grs.
Sub. Murias Hyd.,	2 grs.

Mix and give every two hours; and between each dose give two fluid drachms of the Emulsion of Oil of Turpentine and Tinct. Opii.

Each dose of the latter would contain about 15 drops each of the Turpentine and Laudanum. The following morning I found no other change in his symptoms than a diminution of the bloody discharges. But they continued very offensive and dark colored, and the sphincter Ani was so much relaxed as to allow the discharges to occur before the patient could be gotten up or out of bed.

The powders were discontinued, and in their place, I directed a tea-spoonful of the following, viz:

℞ Nitric Acid,	ʒi.
Tinct. Opii,	ʒii.
Strychnine,	1 gr.
Water,	℥ii, mix·

The Emulsion was continued as before, and the patient allowed a liberal supply of animal broth, well seasoned with salt. He was continued steadily on the use of these remedies for three days, during which time the discharges ceased to contain blood, and become fecal, though still much too frequent and liquid. His countenance also improved; the tongue became more moist, and the teeth less covered with sordes; and the mind more active. As the discharges remained quite frequent, though destitute of blood, and much improved in their nature, I directed a pill consisting of nitrate of silver one third of a grain, and opium one grain, to given two hours until the bowels should become quiet. We continued the pills about three days when the evacuation nad become so much less frequent that they were continued only three times a day. At the present time thre remains still a morbid senseitiveness of the mucous membranes manifested by three or four thin fecal evacuations every 24 hours. The chief points of interest in this case were, the large quantity of very dark and grumus blood contained in the discharges; the relaxation or loss of power over the sphincter ani; and the apparent beneficial action of strychnine in removing the latter, I have had occasion several times to resort to the strychnine for the same purpose, in the advanced stage of typhoid fever and dysentery, and it has seldom failed to produce good effects. In a considerable number of cases of dysentery, accompanied by an unusual amount of blood in the discharges, together with much prostration, I have found the pulv. alum, in doses of from three to five grains, combined with opium, one of the most efficient astringents we possess. It is less sedative or debilitating than the acetas plumbi, and equally effectual in diminishing the quantity of the discharges.

Continued Fever.—During the last two months I have met with only four cases of that variety of continued fever called *Typhus;* and these were all in the persons of emigrants brought to the Mercy Hospital soon after their arrival in this city. There was nothing peculiar in their symptoms or treatment.

They were received into the same wards with other patients, but no other cases occurred among the inmates.

The ordinary typhoid fever has increased almost in the same ratio with the decrease of cholera and dysentery. Of thirty-two cases, concerning which I kept memoranda, twelve occurred during the month of September and the remaining twenty in October. In this list are not included those cases of typhoid disease following genuine attacks of cholera or cholera morbus. In referring to the class of individuals attacked, I find that nearly all were between the ages of 18 and 45 years; and 21 out of the 32 had been residents of the city between one and six months. Only a small proportion of the whole were emigrants recently from Europe, but more than half of the number were young men from other States, who had commenced their residence here since the first of March last. During the month of September and the first half of October, nearly all the attacks of typhoid fever commenced with general lassitude and a moderate diarrhea, lasting from two to six days, when for one day the discharges would become more frequent, accompanied by pains in the head, back, and abdomen; a pulse between 90 and 100 per minute; skin dry and moderately hot; the tongue covered with a dirty white coat, most thick along the middle; sometimes the edges red, and the whole mouth deficient in moisture. This would characterize the onset of the disease, or the period when the patient takes to his bed. In some instances the gastric and intestinal irritation at the commencement was more severe, giving rise to both diarrhœa and vomiting. These, however. lasted only one or two days, when generally the gastric irritation subsided, and the diarrhœa consisted of only three or four thin fecal discharges per day. But as the intestinal discharges became less frequent, the general febrile action increased, the pulse becoming quicker and more full, the skin more hot, the face more flushed, the mouth more dry, and the coat in the middle of the tongue, appearing more dry and brown with redder edges, the abdomen rotund and slightly tympanitic, and the mind dull, with slight indications of delirium, especially during the night. The subsequent course of the disease has not differed from ordinary intestinal typhoid fever, as described in the books. During the last half of October the gastric and intestinal symptoms were much less prominent at the commencement of the attack; and in a large proportion of cases, the patients complained, during the first day or two, of rigors and chilliness, with more decided pains in the head, back, and extremities. In some cases, though the rigors did not continue after the second day, yet the fever was distinctly remittent, presenting a well marked exacerbation every afternoon and evening. So distinct were the exacerbations that in three cases full antiperiodic doses of quinine and opium were given, but in every instance it failed to cut short the disease and establish convalescence. Though I have in no case been able to *arrest* the fever by the use of quinine, yet in several cases which manifested distinct morning remissions, I have given four grains in a tea-spoonful of the emulsion of oil of turpentine and laudanum, at 6 and 9 o'clock A. M., continuing the emulsion without the quinine during the remainder of the 24 hours, and with decided benefit. Most of the cases that have come under my care have been mild and easily conducted to a perfect convalescence Of those that came under my care during the first week of their sickness, only one died. In the hospital where many patients are received after the fever has been existing from two to three weeks, three died with the disease, presenting plain evidence of ulcerations in the mucous membrane of the ilium. The one case that terminated fatally after having been subjected to treatment early, was that of a young man who was attacked first with diarrhœa, for which he took some very heating medicine from an eclectic physician.

The medicine checked the diarrhœa very quickly, but it was followed immediately by an increase of fever and pain in the head and abdomen. I found him the following day with all the symptoms of a severe continued fever with intestinal irritation. At the end of a week the fever subsided, the tongue became clean, the fecal evacuations very nearly natural, and all the usual symptoms of entire convalescence. But the patient, instead of gaining strength, continued dull and weak, and a slight tenderness remained over the right iliac region. He continued in this state of apparent convalescence eight or ten days, very slowly improving in appetite and strength, when he was seized with sudden and severe pain in the abdomen, followed by rapid distension and tenderness, with a feeble and very quick pulse, and death ensued in 48 hours. Though no post mortem examination was made, yet there could be very little doubt but perforation of the intestine and consequent peritonitis was the cause of the fatal result. The members of the society are aware that the use of the veratrum viride in the treatment of typhoid fever, has attracted considerable attention in certain places during the last two years. I have made it the subject of special attention during the present season, and have found a certain class of cases in which its medicinal effects are very valuable. These cases are such as present, early after the attack, a rapid pulse and hot skin, indicating an unusual grade of irritative excitement in the circulation. The following case will illustrate the class to which I refer, and the mode of prescribing the remedy :

Mr. B., a native of Ireland, aged 35 years, had been in the country, and was there attacked with fever, preceded with lassitude and rigors. He was induced to take freely of Cayenne pepper, brandy and quinine. Continuing sick, however, he was, at the end of the first week, sent into the city, and received into the Mercy Hospital. I found him with a deep red flush over the whole face; the eyes suffused; the lips, mouth, and tongue dry, the latter being brown along the middle and red at the edges; the mind wandering; the skin hot; the pulse 120 per minute and moderately firm; the respiration hurried; the bowels quiet; and the urine scanty.

I directed for the patient a powder containing Sub. Murias Hydrag. two grains, Pulv. Doveri and Bi Carb. Soda, each five grains, to be given every four hours, with a tea-spoonful of Spts. Nit. Dulc. between. The surface, especially of the face and upper part of the trunk, were to be sponged over with cold water. This treatment was continued forty-eight hours without any decided alteration of the symptoms. The tongue became more dry and brown, the skin remained hot, and the pulse more than 120 per minute. Owing to the continued rapidity of the circulation, and active grade of febrile excitement, I discontinued the powders and Spts. Nit Dulc., and gave the following, viz:

℞ Tinct. Veratrum Viride - - ʒi
Tinct. Opii et Camph. - - ℥j
Spts. Nit. Dulc. - - - ℥j mix

and give one teaspoonful every two hours; and allow a small quantity of beef-tea for nourishment. The following morning the pulse was reduced to 80 per minute, the skin was cool and moist, the mind less delirious but inactive, but the surface of the tongue remained dry, and the bowels had moved three times, the discharges being thin and brown. The Veratrum mixture was continued at intervals of once in 6 hours, and a teaspoonful of the emulsion of turpentine and laudanum given between. This was continued for three days, during which the pulse remained below 80 per minute, and the general febrile action seemed entirely overcome. The tongue also became more moist and of a better color, and the discharges from the bowels more healthy. The veratrum was now omitted and the emulsion alone continued two or three days longer, when complete convalescence was established. The rapid subsidence of the fever and the reduction of the pulse exhibited in this case, I have seen follow the use of the Veratrum Viride in almost every instance, in which the fever in its early stage was accompanied by unusual frequency of pulse, without excessive intestinal irritation.

But its beneficial effects have been limited to these cases alone. In those cases manifesting but a moderate frequency of pulse, a depressed state of the organic actions, and general dulness or diminished sensibility, I have derived no benefit from its use. And in all cases of typhoid fever it is necessary to guard against its tendency to disturb the stomach and bowels. To effect the latter purpose, I generally exhibit it in combination with camphorated tincture of opium.

I will mention but one other disease in this report.

Puerperal Fever.—Between the 15th and 25th of September, I met with four cases of well marked puerperal peritonitis.

These cases occurred so near together that I at first feared that it was commencing an *epidemic* prevalence. But on inquiring of other practitioners, I found no corresponding prevalence of it in their practice, and no other cases have occurred since in my own. I was, during the period named, attending one or two cases of severe erysipelas, and it is possible that a poison might have been communicated to the females, or the occurring of the four cases within a few days of each other, might have been purely accidental. The first case occurred in a female of delicate constitution, and who had manifested strong indications of the "*nursing sore mouth,*" during the whole period of gestation. It was her first child, and the labor was rather protracted. She appeared to be doing well, however, until the fourth day after delivery, when she was seized with chills, followed by a hot skin, very rapid pulse, hurried breathing, anxiety, restlessness, and severe pain in the lower part of the abdomen, with acute tenderness to pressure, and a rapidly increasing swelling of the abdomen. At the same time the lochia and the milk were suppressed. She was directed a powder, consisting of Opii 2 grs., and Sub. Murias Hydrarg., 4 grs., every two hours, with anodyne fomentations to the abdomen. At the end of 48 hours the progress of the disease was arrested and the symptoms favorable. Wishing to avoid as far as possible the effects of mercurials, on account of the constitutional delicacy of the patient, and having heard the muriated tinct. of iron spoken of in very high terms as a remedy in this disease, I directed it to be given instead of the powders, in doses of 20 drops, diluted with sweetened water. Its exhibition, however, was quickly followed by gastric irritation, with increased pain in the lower part of the abdomen and great restlessness. She was put upon the use of sedative doses of opium alternated with the tinct. of Digitalis and spts. nit. dulc., and ultimately recovered. The second case occurred after an ordinary labor, but was quickly overcome by a few full doses of opium combined with calomel. The third case occurred the third day after a premature labor, occurring about the fifth month of pregnancy. She was treated with opium and calomel and fomentations, as in the two previous cases, and convalescence was pretty well established about the fifth day after the attack. She continued apparently recovering two or three days, when she was suddenly attacked with cholera, sunk rapidly into collapse, and died in a few hours. The fourth case was that of a lady who had been several times delivered at the full period of gestation, but always with still-born children. This latter result was owing to the fact that her children invariably presented unnaturally. In this, her last confinement, the posterior part of the left *scapula* presented, and was the only part that could be reached with the finger. She was delivered without much difficulty or delay by introducing the hand and bringing down the feet.

She continued to progress very favorably until the commencement of the third day, when she was seized with chills, followed by a hot skin, deeply flushed face, a pulse up to 150 per minute, breathing hurried, countenance anxious, abdomen full, tympanitic and very tender, with constant severe pain in the lower part of the back and abdomen. The lochial discharge was also suppressed. I gave her every two hours a powder, composed of Pulv. Opii 2 grs and calomel 3 grs., with warm hops over the abdomen. After the first 24 hours, the stomach began to reject every form of opiate that was given. Still all the bad symptoms continued; the pulse was very quick, the abdomen very full and tender, and the patient extremely restless. Unable to use opiates, and fearing to bleed. I resolved to try the sedative influence of the veratrum viride. I accordingly directed the following, viz:

℞ Tinct. Opii et Camph. - - ℥ij
Tinct. Veratrum Viride - - - ʒi mix.

and give one fluid drachm every two hours. This was retained by the stomach, and in 12 hours the patient was more quiet, and the pulse less frequent. The medicine was continued at intervals of three hours, and in 12 hours more, the pulse was below 90 per minute, the face pale, the skin cool and covered with moisture, the abdomen less tender, and the patient tranquil. Fearing too much sedative action, I omitted the veratrum, and directed moderate doses of quinine and camphor. In less than 24 hours, however, the fever, quick pulse, restlessness, and abdominal tenderness began again to increase. She was immediately directed to re-commence the use of the tinct. of veratrum viride and paregoric in the same doses as before, and at intervals of three hours. Its effects were as promptly beneficial as before, and by continuing it in smaller doses and at longer intervals for two or three days, complete convalescence was established, and the patient made a rapid recovery. This is the first and only c[illegible]ild-bed fever in which I have used the veratrum viride. Whether it will prove a valuable agent for combatting this much dreaded disease, further trials must determine.

ART. II.—*Hepatic Abcess.* By Dr. F. R. Payne. Ma[illegible]

The liver is liable to various forms of disease, both in [illegible] country and in Europe. But notwithstanding the multiform diseases to which this organ is exposed, and the frequency of their occurrence in every climate, all intelligent practitioners are aware that their discrimination is attended with much difficulty; consequently reliable judges in their treatment are but few. The great precision which recent developments of science has given to our knowledge of many other diseases, is well calculated to stimulate medical men to a more thorough investigation of those which are but imperfectly understood. *Suppurative inflammation* of this organ is not of frequent occurrence in this country. During a of eleven years in the Wabash Valley, I have met with case, and the fortunate termination of the disease under st unfavorable circumstances, together with the unusual of matter discharged, has induced me to hope that a brief rill not be uninteresting to the members of this society.

18th.—Mrs. M., aged thirty-six years, robust constitution, her of seven children. She had been under the charge of physician for about fifteen days previous to my seeing her, eems the Doctor was of the opinion that she was suffering effects of a disease which he denominated, "*Fall Fever.*" e imperfect history of the case, up to this time, which was from the patient and friends, it was difficult for me to de- what had been the early character of the disease. But I luced to believe it had been *bilions remittent fever*, but v assumed a typhoid type, with much hepatic disturbance. se was 120, tongue dry, bowels costive, pain in the right ndrium. Ordered three alterative portions sub. mur. hyd. ried off in eight hours after last powder, with Olei Ricinum ebinth. Dover powders after medicine operates and blister gion of the liver.

Not much improvement. Continued treatment.

Found her very restless, pain extends to the right shoul- down the side. She is very much debilitated, bowels cos- rdered wine and laxatives.

Hepatic disturbance increasing, liver enlarged. Pulse 110. sion of fever during the morning. Gave cathartic dose Iydg. and Quinine, Morphine and sup. Carb. Ferri, during ission.

Patient better; tongue moist; bowels have been freely has some desire for nourishment. She was visited fre- by Dr. H. R. Payne and myself up to the 12th of Nov. time she had pain and tension on the right side, great ion, bowels costive, shivering and chilly sensations, tumor tends to hypogastric region. Ordered nitro-muriatic acid continued a supporting treatment. At this time I was fully that my former suspicions were correct, and that the pre- flammation of the liver had terminated in suppuration. I explained the character of the malady to the patient and her friends, and urged the propriety of an operation as early as practicable.

Nov. 27th, which was about eight weeks from the time the first symptoms made their appearance, Dr. C. L. Duncan and I visited her and found a slight elevation of the cuticle, with œdema and tenderness about 1½ inches from spinous process of the last dorsal vertebra on the right side, into which the lancet was introduced and followed by a copious discharge of pus. The treatment ordered at this time was tonics and stimulants, with an occasional laxative, as the bowels would not perform their function without artificial interference. The pus continued to flow for three weeks, during which time she used iodine internally and externally, in connexion with tonics and stimulants. I would not hesitate to fix the amount of pus discharged at two gallons, but we have no means of ascertaining the exact amount. It has not been my object to give the minutes of treatment in the above case, as there was nothing peculiar in it. The fortunate termination of the disease under such unfavorable circumstances, must be attributed, in a great measure to the *vis medacatrix nature*, or conservative power of the system. Was it not for this power of the system, every intelligent physician is aware that a deep-seated abscess in a vital organ would necessarily prove fatal. The patient now enjoys good health.

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ART. III.—*On Snake Bites.* By WILLIAM HANLEY, M.D., of Naperville, Ill.

July 31st, 7 A.M., was called to H. W. J——ll's, aged 29 years; found him suffering from a severe bite of a rattlesnake, situate on the leg, about an inch above the ankle. The whole limb was swollen as far as the abdomen, and of a purple hue as far as the knee; vomiting a greenish fluid; the surface of the body cold, and bedewed with excessive perspiration; pulse 187, timed by the watch, and respiration very difficult. The wound was inflicted about 3 P.M. on the 30th, whilst walking barefooted in his corn field. He killed the snake, which was a very [illegible] rattles. I was informed that [illegible] following nature. [illegible] and symptoms of intoxication became manifest. and applying topically spirits of ammonia, snake weed poultice, honey and salt, and indigo, each separate in the order named, without change in his condition, except for the worse. I at once had the limb washed with warm water. and applied spirits terebinth saturated with nitrate of potassa, freely to the wound, and the entire surface of the limb, employing at the same time considerable friction with both hands. I gave him thirty drops of the same mixture every half hour, in two tablespoonfuls of cold water, until he had taken four doses. The first was swallowed with great difficulty; the second no easier; the third with scarcely any difficulty: and the last quite natural. Vomiting ceased with the first dose; the purple color of the skin began to assume a rose color in about twenty minutes from the first application; and in one hour the limb was much reduced in size. At 9 A.M. I left him, with very little swelling in the limb, an entire disappearance of the purple color of the skin; heat restored to the surface of the body; respiration easy and natural; pulse 85; perspiration reduced to a slight moisture, instead of a complete drenching, as when I first saw him, and a disposition to sleep.

I called at 3 P M, and found he had slept two hours, and awoke feeling quite well, except a slight head-ache. I was induced to try the above remedy from the following considerations: terebinth being a styptic of the first class, and a rapidly diffusive stimulus, I looked upon it as suitable for employment in this case, for the purpose of restoring heat, and acting as a styptic to the cutaneous circulation. I combined nitrate potassa with the same, in consequence of its well known antiseptic and vivificating influence on the blood.

The *modus operandi* is that of a diffusible and vivificating stimulus, producing an antiseptic condition of the blood, bringing on rapid contraction of the capillaries, adapting the calibres of vessels to the diminished column of blood, (caused by effusion of its serum between the cuticle and tissue,) restoring a healthy cutaneous circulation, and producing a sense of warmth and comfort, instead of coldness and death like exhaustion.

Two other cases of snake bite came under my observation—one August 6th, the other August 10th—the former a young man, aged 18, bit on the arm whilst binding oats; the latter a girl, aged 9 years, bit on the foot whilst playing. Neither of them manifested any other symptom than swelling, and a slight discoloration around the wound. I treated both with the terebinthinate mixture with satisfactory results.

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ART. IV.—*Case of Injury of the Brain, and Loss of Substance; with Recovery.* By B. WOODWARD, M.D.

On the evening of the 5th of August last I was called to see a boy 6 years old, who had been kicked by a colt. The injury had occurred some four hours previous to my seeing him. The child was insensible. The whole upper part of the nose was broken down, and the bones driven over under the integuments of the left cheek, under the eye. On cleansing the wound, I found not only the nose broken down, but the skull fractured over the right eye, and under the eye-brow, and a mass of brain (lacerated) as large as a large hickory nut protruding. As soon as efforts were made to replace the bones of the nose, violent vomiting was produced, and more of the brain was forced out. I deemed it best to call council, and Doctor Porter of Prophetstown was called in. On making renewed efforts to replace the bones of the nose, he found the vomiting and consequent protrusion of the brain so great as to cause him to desist, and we concluded to meddle with the nose as little as possible, for fear of still further endangering the life of the child. The nasal passages were cleared, the brain, which had exuded, removed, and the wound dressed.

The next day, the father of the child, not being satisfied with his looks, Doctor Cottle of Albany was sent for. He thought, as we had done, that it was best to meddle with the nose as little as possible, as there seemed already [illegible] the child.

The case was now left in my hands; but I would here acknowledge my obligations to both the medical gentlemen for their valuable advice as to the further management of the case.

For eight days there were more portions of the brain protruded, which I as often removed, and trusted entirely to keeping the head cool, the bowels open with saline purgatives, and a low diet, except that I used the nit. argent. freely to the broken or cut surface of the brain. I tried compresses from time to time, in order to prevent the loss of the substance of the brain; but the least pressure would produce convulsions. I would only state further, that in due time the wounds all healed, and the boy recovered.

This case has taught me never to despair as long as there is life.

SELECTIONS

On the External Application of Belladonna in Delirium Tremens. By Dr. GRIEVE, Physician to the Dumfries and Galloway Infirmary.

Reflecting upon the contracted state of the pupil in the second or developed stage of delirium tremens, Dr. Blake imagined that "by dilating the pupil we might so influence the disturbed visual sense as to dispel, or at least modify, those 'false creations proceeding from a heat-oppressed brain' which characterize this disease, and thus conduce to the comfort and tranquillity of the patient;" and one case is related in which this plan was adopted with apparent benefit. In support of his idea, Dr. Grieve reminds us that the late Dr. Graves proposed the use of belladonna in such cases of fever as were attended with cerebral disease, and contraction of the pupil.

CASE.—On the 25th of March last I was called to attend D.W., aged 49, a man naturally of a robust constitution, but who, of late years, had been much given to intemperance. On inquiry I found that he had been more or less intoxicated for the last three weeks, that he had slept none for several nights in succession, and that the present was his fourth attack of delirium tremens. I found him suffering under great nervous excitement and commotion; laboring under all sorts of optical delusions; fancying that lizards, centipedes, and other entomological horrors were crawling in and around his bed, from which he was convulsively making vain efforts to dislodge them. His pulse was upwards of 120, soft and compressible; his whole body was bedewed with a cold clammy perspiration, and the pupils of both eyes were much contracted. Having obtained some extract of belladonna, I rubbed a little on the eyelids, and remained by his bedside to mark the result. My expectations were soon more than realized, for no sooner was the physiological effect of the drug manifested in the dilated state of the pupils, than the spectral illusions gradually became less and less distinct, the nervous tremors and excitement began to subside, and he soon became comparatively quiescent and tranquil. Soon after this I had the satisfaction to see him fall into the much coveted sleep. Thus I left him; and on revisiting him in a few hours I found that he had slept for two hours: his pupils were then still much dilated; his pulse was below 100, firmer, fuller, and of better character; and altogether his condition, mental and corporeal, was much ameliorated. On interrogating him about his recent hallucinations, he replied, "They were all stuff and nonsense; I see no more of them."

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From the Lancet

On the Nature, Cause, and Treatment of Cholera. By David Lewis, M. D., Licentiate of the Royal College of Physicians, London; Physician to the Royal General Dispensary, Aldersgate-street.

In the midst of so many specifics for the cure of cholera, and and such numerous theories to explain its cause, I venture to submit the following observations to notice with considerable diffidence. But I am emboldened to speak plainly, because to the best of my belief, I speak the truth—a belief founded upon impartial observation, and confirmed by a lengthened experience. I have treated many hundreds of cases of diarrhœa according to the methods generally reported to succeed, and the result of my experience is, that two only of the various plans avail to cure—viz.: the employment of alkalies, or the stronger acids. But these plans appear to fail so seldom, that I now invariably prescribe them with perfect confidence. But how can remedies, so opposed in all their characters, produce, when administered, similar effects? What is their action?

I believe the almost universal cause of diarrhœa to be an excess of acidity in the stomach and intestines, and I believe that alkalies act by neutralizing, and the mineral acids by destroying, this morbid condition. That diarrhœa is so generally caused by the presence of of a morbid material, of an acid character, I think is proved by the following facts:—A gentleman of high standing in society partook heartily of some cherry-pie for supper: he was attacked with diarrhœa in the night, and died of cholera next day. Another gentleman being in delicate health, drank two glasses of champagne at dinner; he was attacked with diarrhœa in the night, and died of cholera in nine hours. Another man drank a quart of sour beer, was soon attacked with diarrhœa, and died of cholera in twelve hours.

Now I extend this theory to the cause of cholera, and employ either of the above means for its cure, and the uniform success of my treatment strengthens my confidence in the strength of my theory. I believe, then, the cause of cholera to be some material of an acid nature, or possessing acid properties, and that by virtue of this character, it acts so as to produce cholera, and destroy life. This acid can be neutralized by alkalies, or destroyed by stronger acids, even as uric acid can be neutralized by alkalies, or broken up by nitric acid. This theory I believe to be true, the facts upon which it is founded I know to be incontrovertible, and with regard to both, I would say, in the words of Horace, to those who hesitate to believe,

> "Si quid novisti rectius istis,
> Candidus imperti ; si non, his utere mecum."

The following list includes the principal modes of treatment hitherto recommended :

Calomel, in large doses, and in smaller and frequent doses; calomel with opium ; opium with large doses ; alcoholic liquids ; camphor and musk ; acetate of lead ; sulphate of copper ; vegetable astringents ; quinine ; arsenic ; iron ; the saline plan, as recommended by Dr. Stevens ; the tartarized-anatomy plan, as recommended by Dr. Billing ; emetics ; the free administration of cold water and ice ; the cold bath ; the application of the wet sheet ; injunction of saline or other fluids into the veins ; bleeding ; electricity.

Calomel, accroding to my experience, both in large and small doses, has been totally worthless. Before the collapsed state ether remedies are more efficient in arresting the progress of the disease, and in the collapsed state, when the process of absorption has ceased, calomel may be given in spoonfuls without any effect. I look upon the treatment of cholera in the early stages by calomel as only tampering with human life, whilst yet the disease can be arrested to a certainty by other means. Practitioners examine the alvine evacuations, and finding deficiency of bile, immediately throw in calomel, until the secretion of the liver is established, forgetting that the biliary secretion is dependendent on the general state of health, and that the absence of bile is the consequence, and not the cause, of the disease. Calomel at the onset acts as a purgative, and relieves the stomach and bowels from any irritating matter which might tend to aggravate the diarrhœa ; beyond that point it has no effect whatever on the disease In London, calomel, given as a specific in all cases of diarrhœa, to the ill-fed and badly clothed, and those residing in pestiferous localities, be a poison as destructive as the cholera itself. In the country its effects are not so deleterious because the people are stronger and better fed. A medical practitioner at Shoreditch told me that he had given calomel "until he was sick of it," without any perceptible effect Children and young people are not so easily killed by calomel, as the more advanced in age ; nevertheless there is no reason to persevere in such a mode of treatment when there is no necessity for it.

Calomel and opium may be applicable in some cases in the early stages, but when the disease is bordering on the eclipsed state, the remedy is useless.

Opium will allay the irritation of the bowels after they have been cleared by an antacid aperient draught.

Stimulants are serviceable according to circumstances; but there is no dependence to be placed on them as specifics in the disease, with the exception of ammonia.

The acetate of lead, the sulphate of copper, &c., are poisons,and totally useless in the cure of cholera. The same remark is applicable to quinine, iron, and arsenic.

The saline plan, as recommended by Dr. Stevens, is nothing more than an indirect application of a principle to destroy the acid products of the stomach, which can only be done by either alkaline or acid remedies.

I have seen the saline treatment tried in a favorable case without any effect. The young lady died in twelve hours.

Emetics act on the principle of clearing the *primæ viæ*: there is nothing in the plan beyond relieving the contents of the stomach, which might as well be done by an aperient draught.

The free administration of cold water and cold baths do more harm than good in nine cases out of ten. In the state of collapse. when the thirst is great, cold water may be given, but I have rarely seen any permanent good effects arise from it.

The injection of saline and other fluids into the veins only answers the purhose of those who aim at notoriety at any price. Bleeding is worse than useless.

Electricity has no influence over the disease. The use that was trumpeted in all the newspapers as having occurred at the Free Hospital I happened to witness. There was no collapse,, nor any urgent symptom requiring a peculiar mode of treatment.

In September, 1849, the Cholera Committee of the Royal College of Physicians sent a list of questions to the members. One of them was the following: "Does it accord with your experience that cholera, in the stage of "serous" or watery diarrhœa, can with facility be checked? What means have you found most effectual in arresting [illegible]"

I have found [illegible] the serous or watery diarrhœa [illegible] In the first [illegible] acidities in the [illegible] According to the first method a [illegible], containing a scruple of rhubarb, and the same quantity of the carbonate of magnesia, is invariably given by me before an attempt is made to arrest the diarrhœa. Without the above purgative I found I could not depend on the astringent mixture. I have been obliged to repeat the rhubarb and magnesia more than once in excessive purging before the diarrhœa could be arrested. Instead of hurrying the diarrhœa into cholera, as has been imagined, it is the only certain method of arresting the disease, since it clears the stomach and bowels from the morbific matter. After the powder has passed through the bowels I give the following mixture:—Powdered (prepared) chalk, two drachms and a half; sesquicarbonate of ammonia, sixteen grains; tincture of opium, half a drachm; compound tincture cardamons, three drachms; cinnamon water, an ounce and a half; water, four ounces. Mix. Two tablespoonsfuls after every motion.

It is important to give a dose of the mixture after every motion, otherwise the objects of arresting the diarrhœa by neutralizing acidities in the *primæ viæ* and quieting the bowels, will not succeed in equal ratio by giving the mixture every two or three hours. At the Islington Dispensary there were in 1849 *nine hundred registered cases of diarrhœa and incipient cholera*, which were all treated on the above plan, without a *single death*. Not a grain of calomel was given. Within the last three months three thousand cases have been treated on the same principle at the Royal General Dispensary, without *one* failure. The success of this plan has been such that I am perfectly satisfied with it; and I have no hesitation in saying, that if the diarrhœa be treated as above, by antacids and astringents, or by mineral acids, there would be but few cases of death from cholera.

The second method of treatment is by the employment of the stronger acids in moderate doses. These, I believe, act by at once destroying the morbid material, and thus produce the same results as alkalies, which neutralize it; for this purpose two drachms of diluted sulphuric acid to six ounces of water, for a mixture, of which two teaspoonfuls to be given to children after every motion, or two teaspoonfuls in the same manner to adults, seldom fail of success.

Finally, I look upon the case of cholera as a poison of an acid character, or capable of generating acids in the stomach, acting solely on the mucous membrane of the stomach and bowels, and if neutralized by carbon and carbonates, or destroyed by mineral acids, it will be rendered inert, just the same as any other poison by its antidote.

Keeping this theory in view, no one need be at a loss to treat cholera on a specific principle.

From the Lancet]

A New Theory of Animal Heat.

At a late meeting of the Physiylogical Society of London, Dr.

Winn read a paper on "The Elasticity of Arteries considered as a Cause of Animal Heat," and presented a series of experiments made by him with a view of proving the theory.

He states that about seventeen years ago, whilst experimenting with the caoutchouc, he was struck with the property which that substance possessed of evolving heat when suddenly elongated, and was led to infer the probability of other bodies being similarly endowed. The elastic coat of arteries, especially, appeared to be one of the substances likely to exhibit the califactory principle; and in the event of this being the case, it would not be unreasonable to infer that the incessant contractions and dilatations of the arteries during life must form an efficient cause of animal heat.

The following experiments, made with portions of the aorta of a bullock, somewhat verify the conjecture, and are, at any rate, worthy of notice:

Having cut off a circular portion of the descending aorta, an inch in length, he laid it open, and removed its external and internal covering. He then pulled it to and fro, with a continuous jerking motion, (in imitation of the cystole and diastole of the heart,) for one minute. He then placed it in the bulb of a thermometer, and found that the mercury had risen *two degrees*. To be certain that the increased heat did not arise from any source. he took the precaution of wrapping his finger with a double fold of flannel, in order to prevent a communication of heat from the body. He also covered his mouth with a handkerchief, to guard against the warm breath affecting the experiment. There was no fite in the room, the temperature being 36°.

The principal difficulty in this investigation appears to be the moisture of the artery, which, by its evaporation, had a tendency to carry off a portion of the heat. By carefully drying it with a cloth, however, this impediment was partially removed.

His attention was often arrested during the experiment by other mechanical analogies between the clastic coat of arteries and caoutchouc. They both would bear elongation to twice their length, and would return to their usual dimensions with considerable force and the same snapping sound.

From the preceding observations, Dr. Winn concluded that the generation of animal heat could be satisfactorily explained. Physiologists had proved that a certain portion of animal heat was the result of chemical changes in the blood. Yet they confessed that a residuum of heat could not be thus accounted for, and Dr. Winn proposes to refer this residuum to the mechanical action of the arteries. Although difficult to measure the exact amount given during each arterial beat: yet, if the development of only a small quantity was admitted, it necessarily followed, from the incessant action of the arteries, that the body, unless cooled by the functions of the skin and lungs, would soon become preternaturally hot.

Dr. Winn presents the following physiological and pathological facts as corroborative of this theory:

1st. The minute distribution of the arteries to every part of the system, thus ensuring an equal distribution of heat. 2d. The *rigidity* of the arterial system, in old age, as being the probable cause of the diminution of animal heat. 3d. The increased warmth of the body after exercise seemed to be explicable upon the principle of the increased force of the arteries. 4th. When there existed any arterial excitement, and especially if the functions of the lungs (or skin) were at fault, the heat of the body would be greatly increased. 5th. Medicines which reduced the force of the heart and arteries diminished animal heat. 6th. The heat of local inflammations, when there was no constitutional disturbance, could only be accounted for in this way, as the arteries in the neighbourhood of the disease would be throbbing violently, whereas the capillaries, which are supposed to play so important a part in the chemical theory, are generally considered to have their action impéded.

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On Constipation. By Professor TROUSSEAU.

Constipation should be defined, a difficulty in the execution of the fœcal matters, independent of any organic lesion.. We should not rank among the constipated those in whom defecation is impeded by a tumor or hernia, or invagination, or other mechanical obstacle. Simple constipation is nothing more than absence of alvine evacuations.

Such a condition may depend on many causes. First, there is a sort of phisological constipation, connected with the constitution of the patient; an individual eats but little, and is endowed with great powers of assimilation. The quantity of excrementitious matters, in such a case, are insufficient to stimulate the intestine. These matters are accordingly retained until they accumulate, and their retention produces uneasiness. There are others, however, who eat largely and assimilate no better than their neighbors, whose intestines are consequently filled with fœcal matters, and still there is no regularity in the dejections. Such individuals suffer from continual malaise; they are in a state of constant discomfort; the want of proper alvine evacuations causes them real suffering.

Defecation, the last stage of digestion, is one of the most complex functions of the economy, and is deranged by a multitude of circumstances. The causes of constipation are numerous, therefore, but the most important are intestine inertia, and the faulty secretion of certain glands. Different secretions predominate in different individuals. One perspires freely, and urinates but little, and secretes but little saliva. The habit of another is the reverse of this; the secerning functions are complimentary, as it were, to one another. It is probable that the liver and pancreas also obey this law, and that they are affected by the excessive action of the other glands. However hypothetical this proposition may appear, it is as admissible as many others which are received in medicine. It is as rational to suspect the liver and pancreas, when there is a want of lubrification of the bowels, as to suspect the kidneys when there is some derangement of the urine.

Among the causes of constipation, we must examine particularly into the influence of diet, of habit, of senile debility, of diseases foreign to the intestines, and of the abuse of purgatives.

As we have already observed, some individuals eat so little, that the unassimilable matters are insufficient to furnish regular dejections. There are some kinds of food which cause the same result; which are digested with such facility that the fœcal residue amounts to nothing Rice, for example, disappears almost entirely in digestion, and it is this property which renders it such an appropriate article of nutriment in cases of diarrhœa Vegetable diet is the least nutritious, and produces most copious stools. To be convinced of this fact, it is only necessary to compare the dejections of herbivorous and carnivorous animals.

To a certain point, it may be said, that we evacuate the bowels when we wish to do so, only the will must be exercised. If we surmount this inclination to perform this function, it subsides, and may not return for many days. In this way a kind of constipation is produced, which is not the least obstinate or the easiest to cure. It is in this way that so many women, who are prevented from obeying the calls of nature by foolish scruples, and men of letters, who are absent-minded or pre-occupied, become obstinately constipated.

Purgatives, pills, and powders, irritant enemata, and even injections of cold water, and evacuants of all sorts, even when they do not induce a plegmasia of the intestinal canal, deprive it of its nermal irritability: it becomes insensible to the simple stimulation which once sufficed to produce the evacuation of the fœcal matters. As tobacco, after provoking an abundant secretion of mucus or saliva by a surexcitation of the glands of the nose and mouth, enfeebles in reality the natural secretion, which diminishes notably when the stimulus is withdrawn, so habitual enemata prevent the intestine from acting by itself, by lowering its excitability. This cause of constipation is very frequent in fashionable women, who early acquire the habit of relieving the bowels by an enema in order to feel unembarrassed during the day. They soon lose the habit of evacuating the bowels naturally, and are forced to have recourse to other remedies of still greater energy.

Child-birth, certain uterine displacements, fissures of the anus, and hemorrhoids, render defecation very painful. Patients in these conditions put off the moment of evacuating the bowels, and induce a secondary constipation, which does not always cease when the cause which produced it is removed.

After several labors, sometimes after one only, the anterior abdominal wall becomes so flaccid and relaxed that it no longer contracts ; the intestines are thus deprived of a powerful auxiliary and lose their tonicity.

Age, which impairs all the faculties and all the organic functions, does not spare the intestinal apparatus. Defecation is ill performed in the aged, like digestion and micturition, and retention of the fœces supervenes, without organic disease of the rectum, as retention of urine takes place without organic alteration of the bladder. The intestine undergoes a sort of senile paralysis. It no longer contracts on the excrementitial bolus; it is powerless to expel it. Enormous agglomerations of fœces are formed, and dilatations are made above the sphincter ani, which sometimes give rise to grave complications in the operation of lithotomy.

Constipation is a serious disease, and deserves great attention ; for even supposing that it is not dangerous in itself, it always complicates the slightest ailment, and frequently lays the foundation of an hypochondria, which involves life in numberles disorders.

The treatment should, above all, be directed to the removal of causes. It must not be thought that constipation is cured when an evacuation is procured: this would be as false as to imagine that a person is cured of wakefulness when he obtains sleep by opiates. We should seek not only to obtain relief for the moment, but regularity in the function. Constipation is not to be cured by Seidlitz powders or other purgatives, which, in the end, only increase it.

In the first place, it is necessary to regulate the function. We should do everything to subject it to the empire of the will. We know how great is the power of habit over organic functions. When once accustomed to operate in a certain way, at certain hours, they have a strong tendency to continue to act thus. The habit of going to the privy is like the habit of urinating at certain periods, the habit of shaving, and of washing the face. When once these habits are established, they cannot be dispensed with. A constipated person should visit the water-closet at a convenient hour; he should remain some time, concentrating all his attention, all his will, all his contractile powers, on the act in question; he should make reiterated and energetic efforts to accomplish it. Whatever the result, he should return at the same hour on the morrow, and if, in the interval, a desire to go to stool is felt, it should be resisted, and the closet should be visited only at the hour chosen.

The diet should be altered. Instead of the abstemious diet often adopted by patients, they should be ordered abundant and nutritious food, of a kind which will at the same time promote digestion, and leave a voluminous residue, which will force the intestine to disembarrass itself. This disease, we have said, causes numerous disorders. Constipated persons always have oppression of the stomach and head-ache, for which they are ordered a light diet, white meats in small quantity, little wine, etc. This is an error. They should be desired to eat largely of roast meats. They should be compelled to eat, and reminded that, according to the English expression, one leg of mutton follows another.

But sometimes it is necessary to assist the will by an adjuvant, to facilitate an act, the habit of which is lost, as it were. We must be aware of purgatives, but yet some medicine is necessary to assist defecation. Belladonna is this remedy *par excellence.* It does not purge; it only facilitates alvine evacuation. To what does it owe this property? It is difficult to say. Perhaps, as opium excites the cutaneous secretion, and digitalis that of the urine so belladonna may influence the liver, pancreas, or other glands opening on the intestinal tract. What is certain, however, is, that the fifth of a grain of belladonna almost always procures several alvine evacuations. The dose may be increased to one grain; but as soon as the habit of defecation is restored, the dose of belladonna must be diminished, and gradually abandoned.

Suppositories are much used, and commonly succeed well. Country people employ the middle stock of the cabbage; physicians make them of hardened honey or cocoa.

Lastly, if constipation is connected with flaccidity of abdominal walls, we must have recourse to a tight abdominal bandage, which will confine the intestines normally, and enable them to contract.

From the Lancet.

Gangrene of the Lung successfully treated by Inhalations of Terebinthinate Vapors.

Dr. Skoda has published, in the Zeitchschrift, &c. of Vienna, several cases of gangrene of the lung, in which the symptoms ve way by the use of terrebinthinate vapors and the administra-n of quinine. In the first case, the cure was effected in six weeks upon a servant, with whom the gangrene had attacked the upper lobe on the right side. An inn keeper, of middle age, was equally benefited by the same means, but the cure took a longer time and a stay in the country. He also took one grain of quinine every second hour. The treatment was not properly carried out in the third case; and the fourth, that of a journeyman butcher, of a robust constitution, is still pending. The latter had, however, so far recovered, after using the inhalations, and also taking Fowler's solution, that he could go into the country, though there was still some uneasiness in the left scapular region. The inhalations are made by pouring oil of turpentine on boiling water, the inspirations being repeated every second hour, and carried on for fifteen minutes.

Apoplexy.—Dr. Stone, of New Orleans, publishes some rambling remarks upon this and kindred diseases, in the Medical News of that city, in which there are some valuable practical ideas. He says there has been an unusual number of deaths during the past year, from nervous diseases; such as apoplexy, epilepsy, paralysis tetanus, convulsions in children, &c. He thinks an epidemic influence of a peculiar diathesis must prevail, to account for the prevalence of these, as of other diseases. A state of nervous debility or exhaustion, he considers the prominent feature, and that the fluids play a secondary part, whether consdered in quantity or distribution. As in other cases which occasionally become epidemic, all the local and exciting causes that are known, may fail to produce them at other times. Apoplexy he considers a nervous disease, and refers to the erroneous notice so prevalent, that there is an undue rush of blood to the brain, which, being encased in the unyielding scull, cannot contain more at one time than another. If there be an effusion of blood or serum, it must be at the expense of the circulating fluids. The interrupted respiration in apoplexy checks the return of venous blood from the brain, and causes a proportional exclusion of arterial blood, and thus the effect may be mistaken for the cause. Persons with large heads and short necks are not on this account more prone to brain disease, except as their propensities and habits of life lead to it, the nervous system being brought to such a state of exhaustion as to overtax its energies to manage an overloaded stomach. Persons with small heads and long necks, find their nervous systems give way in some other parts before the apoplectic state is brought about. When this is not the case, they have apoplexy like others. Excessive indulgences do not show externally in such subjects, but tell upon tha brain with equal certainty as in those of plethoric habits

He deems blood-letting on improper remedy, although temporary benefit may be derived from it in cases of great pletnora A peculiar state of the stomach, independent of indigestible food, exercises a depressing influence on the brain, which blood-letting does not relieve. Cathartics which act without exciting the secretions afford little relief, but mercurial purgatives seldom fail, being aided by small doses of saline laxatives. He makes less account of emetics than one would be led to expect from a knowledge of his pathology; and less than we are disposed to do, from experience in the treatment of such cases. Vomiting, however produced, we have found the most efficient of all remedies in these diseacs, whether in adults or children. Titilation of the throat with a feather will often excite emesis and afford prompt relief, when it is impossible to administer remedies of any kind. [illegible] oil for th[illegible] [illegible] as readily in such cases as if nothing was the matter. Dr. S believes that all functional disorders of the nervous system are disposed to become periodic, and tend to a favorable issue if interrupted respiration, and engorgements of the lungs and brain can be warded off; but it must be borne in mind that his observations are made in New Orleans, where periodicity is the prominent characteristic of diseased conditions.

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Preparotions of Iron.—Donavan's formula is, pure sulphate of iron, one drachm; magnesia, ten grains: purified sugar, one ounce; rose or cinnamon water, eight ounces; mix. This is a scientific prescription; and if the iron be free from oxide, the green color is preserved for eight or ten days. The magnesia neutralizes the sulphuric acid, and converts the sulphate into a protoxide. The sugar prevents decomposition, and it may be flavored with mint or peppermint water. In the hysterical female, infusion of valerian adds to its value; and if there be great sense of exhaustion, ammonia in combination is most beneficial. In occasional constipation, caused by the loss of tone, the sulphate of zinc, with small doses of sulphate of strychnia, relieves. In severe chlorosis the chrystallized citric acid aids the iron mixture. If there be a periodical neuralgia, the most effective form is the precipitate o corbonate of iron. In severe cases of cholera and anoemic headache, Fowler's solution of arsenic was combined with Donavan mixture, and in fourteen days both diseases were permanentl cured.—*London Lancet.*

BOOK NOTICES.

Transactions of the Illinois State Medical Society for **1854.** Chicago: J. F. BALLANTYNE, Printer.

This is the title of a volume of 112 pages, printed in very good style, and containing the proceedings of the Illinois State Medical Society, held in June last, together with the Annual Address of the President, Prof. Brainard; a paper on the treatment of deformities of the lower extremities, by Dr. E. S. Cooper; the Prize Essay on the difference between Stimulants and Tonics, by Dr. H. Parker, of Chicago; and the list of Members of the Societ The proceedings of the Annual Meeting, and the Address on the Treatment of Poisoned Wounds, by Prof. D. Brainard, have already been published in former numbers of this Journal. The paper of Dr. Cooper occupies sixteen pages of the volume, and bears the following title, viz.: "Walking rendered the Primary Element in the Cure of Deformities of the Lower Extremities; its early Adaptation to White Swelling and Coxalgia, with Apparatus for carrying out the designs of the same."

In reference to the construction and application of instruments or machines to aid in the removal of deformities, Dr. Cooper gives the following rules, viz:

"1st. They should press equally upon the largest possible amount of surface over which they may be applied.

2d. To change the points of pressure, whenever required, to favor a tender part, without disturbance to the treatment.

3d. To cause no material interruption to the circulation of the blood.

4th. To permit the free exercise of the limb when not prevented by other causes.

5th. To adapt themselves consistently to the changes of the limb during the process of cure.

6th. In the lower extremities, to facilitate walking while the cure is in progress, and, in most instances, render it the active agent in removing the deformity."

In attempting to apply these rules practically, Dr. Cooper treats more particularly of "club-foot," false anchylosis of the *knee* joint, and scrofulous disease both of the knee and hip. In reference to the treatment of all these diseases the author's views are somewhat novel, and worthy of a careful perusal. But we could not give a fair representation of them without quoting his paper entire, or writing one of our own of nearly equal length. Hence those who desire further knowledge on the subject must refer directly to the paper in the *Transactions*

The next and last paper contained in the volume before us is the Prize Essay on Stimulants and Tonics. by Henry Parker, M.D., of Chicago. It occupies 54 pages. and is written in good style. The author founds his essay on the following distinct propositions, viz.:

"1st. That all living organized matter is endowed with certain inherent elementary properties, conditions or forces, necessary and essential for the production of vital phenomena.

2nd. That the elementary forces of all organized structures. are in no way derived from any connection with the nervous system. but are distinct, inherent and peculiar.

3rd That the elementary properties and functions of the animal tissues are susceptible to various influences and changes through the medium and quality of the blood.

4th. That a first class of medicines. called stimulants, of which alcohol is the type. manifest a primary and specific action upon the brain and nerves, or nerve centres. which they influence. Their action is transitory, exalting nerve-force. That coincident with their action upon these structures. they exert a direct and deleterious influence upon the component elements of the blood and tissues, with the ultimate effect of lowering the elementary vital properties of the body—tonicity and susceptibility.

5th. That a second class of medicines, called tonics, act while in the blood, improving its quality and composition, and thereby the tonicity and firmness of the general system. That their action is slow and permanent—exalting vital force."

In illustrating the first three propositions, Dr. Parker enters upon a true physiological discussion concerning the elementary properties and functions of organized and living matter, and their capability of being acted on or modified by medicinal agents. This seemed to constitute a necessary introduction to the main subjects embraced in the fourth and fifth propositions. For it is evident that there can be no clear conception of the *modus operandi*, of a medical agent, without a previous definite knowledge of all those properties and functions of the living structures which are susceptible of being acted upon or modified.

To sustain his *fourth* proposition the author introduces several interesting experiments with alcoholic drinks, camphor and carbonate of ammonia, together with a summary of the opinions of Percy, Prout, Liebig, Carpenter, Pereira, and Ducheck.

From all his investigations he educed the following general conclusions concerning the action of alcoholic stimulants, viz:

6th That the popular belief, that the action of alcoholic stimulants is confined to the brain and nervous system alone, simply inducing mental exhileration, and a temporary exaltation of nervous power, is not true: but that coincident with their action upon these structures, they exert in a variable degree, a direct and deleterious influence upon the component elements of the blood and tissues, with the ultimate effect of lowering the elementary vital properties of the body, tonicity and susceptibility.

This they accomplish in the following manner:

1st By their great affinity for, and absorption of the oxygen of the blood, thereby interfering with its agency in the formation of plastic material, and impairing the organizability of those compounds designed for nutrition and reproduction 2nd. By preventing or retarding that vital change—the *conversion of venous blood into arterial*, and diminishing the functional activity of the secreting and excreting structures generally, thus causing a retention and accumulation in the blood of effete and excrementitious compounds. 3d. By retarding capillary circulation and the metamorphosis of the tissues.

7th. That alcoholic stimulants diminish animal heat, and the exhalation of carbonic acid.

8th. That the popular notion that alcoholic stimulants promote healthy digestion and chymification, is not true, and therefore should be discountenanced and discouraged by medical men, not only as failing in this, but as destroying the natural sensibility of the stomach, and inducing morbid irritability and diseased action.

9th. That the stimulation and excitement which naturally follows the use of these substances, tends to destroy that harmony of action between the different organs and forces of the body, upin which their functional activity, and the continuance and maintenance of health depends. Finally,

"That alcoholic stimulants are the most unfit, and the least calculated of all other expedients, to impart strength and vitality to the duman system, or enable it to resist the depressing influences of cold or hunger, fatigue or disease, or any of the various circumstances and events to which it may be exposed."

To sustain his fifth proposition, the author introduces no new experiments, but relies on the general observations of writers concerning the action of tonics. He even omits, in this part of his essay, many interesting and valuable facts bearing upon the subject, which a more extended examination of our medical literature would have disclosed to his view. The general conclusions which he deduces from this part of his task are stated as follows:

1st That tonics are hæmatic medicines, and as such. are restorative in their influences; that, unlike *neurotics* and *stimulants*, they have no direct or special action upon nerve matter.

2nd. That they are not foreign to the blood, and may therefore remain in it: that they improve its quality, and the plasticity of its organizable material, assisting digestion and promoting assimilation and nutrition. Hence they are slow, but permanent in their effects.

3d. That they exalt the tone of the muscular fibre; and hence by their use, "the pulse becomes fuller, stronger and regular, and the muscular power increased,"—that they increase the cohesion and density of the tissues—diminish profuse secretions when dependent upon atony and debility, and finally, augment the vital forces of the system in general, thereby restoring *susceptibility* when defective, and the properties and functions of the nervous system to their normal condition.

Our design in noticing this essay, is simply to give the reader such an idea of its general scope and matter as will induce him to procure and read it for himself, rather than to examine it with the pen of a critic. Were we disposed to assume the latter position, however, we should be compelled to question the correctness of some parts of the *fourth* general proposition, already quoted. In it the author asserts that, "their action (alcoholic stimulants) is transitory, *exalting* nervous force." That this class of agents exert a primary influence on the brain, directly increasing nervous exhileration, excitement or susceptibility, we admit.

But the expression "*exalting nervous force*," plainly implies an increase of nervous energy, power, or strength; which is certainly not one of the effects of alcohol. Under its influence an individual may manifest rapidity of thought, social vivacity, and acuteness of perception, but we seek in vain for, even a temporary increase of true nervous energy or strength. Again the assertion that "they (stimulants) exert a direct and deleterious influence on the component elements of the blood and tissues," though true so far as regards alcohol, is by no means equally so in regard to all stimulants. Thus Gum Camphor, tea and coffee are all stimulants in the sense given to that term by our author. The first is included by him in the list of articles experimented with But we can discover nothing in the results of his experiments, or in the observations of others which would countenance the idea that they exert any special deleterious influence, either on the elements of the blood or of the organized tissues of the body.

But these errors, (if errors they are), arise more from the want precision in the use of language than from erroneous ideas in the mind of the author.

The essay, as a whole, is one highly creditable to the author, and well worthy of careful perusal by the profession. There are one or two things, however, in the essay which require explanation. Readers of the Journal will recollect that nearly two years since I commenced publishing in its columns a series of articles on the "Pathology of Fevers." In one of the earlier numbers of this series, I detailed two experiments designed to show the influence of alcoholic drinks on the human system, and especially on the functions of Respiration and Calorification.

These experiments were dated, the first, Oct. 18, 1852, and the second, Nov. 8th, of the same year. They are there introduced as part of a series of experiments "I commenced in the winter of 1850," and they are represented throughont as having been conceived and executed by me.

The reader will readily perceive that the two first experiments detailed in the prize essay are the same as previously published by me. They are introduced by Dr. Parker as though they had been conceived and executed directly uuder his own supervision, simply acknowledging in a marginal note that he had been *assisted* by me. If he had said in the marginal note that they were part of a series which he had witnessed in my office, and which he had been authorized to use, it would have saved the necessity for this explanation. Beside this, however, justice required that he should have made some reference to one or more similar experiments instituted by me in the winter of 1850, and published by me in this Journal during the summer of 1851, after having been read to the American Medical Association, during its meeting in Charleston, S.C. We shall say nothing of the striking similarity between the views presented in the Essay concerning the *elementary properties* and functions of organized matter, and those previously published by me in the articles on the Pathology of Fevers. Indeed, we would have remained silent concerning the experiments also, had it not been for the fact, that they constitute part of a series on which we have bestowed much labor through several years, and which we intend at some future day to communicate to the profession more in detail.

Accompanying the address of Prof. Brainard on Poisoned Wounds, are two lithograph plates which enhance the value of the work, and with the quality of the matter contained, make the present volume of Transactions of our State Society equal in interest and importance to those published by other State organizations D.

Transactions of the American Medical Association. Instituted 1847. Vol. vii. New York: C. B. Norton. 1854.

WE are happy to announce to our readers the appearance of this volume of the Transactions. During the last few years it has generally reached us about ten months after the date of the annual meeting of the society. We do not wish to be understood as attaching any blame to previous committees of publication, although in many instances it has been two or three months after our eastern exchanges were supplied, before western readers and western journals received it. It may be that our eastern friends ceived some new ideas in reference to the professional interests the west at the last meeting in St. Louis.

The volume contains, in addition to the minutes of the Seventh Annual Meeting, the address of Dr. Parsons, Vice-President, the report of the Committee on Medical Education, the report of the Committee on the Epidemics of Kentucky and Tennessee, on Erysipelas, by R. S. Holmes, M.D., of St. Louis; on the Medicinal and Toxicological properties of the Cryptogamic Plants of the United States, by Dr. Proctor, of Charleston, S. C.; Report on the Epidemics of Ohio. Indiana and Michigan, for the years 1852—3; Report on the Epidemics of Louisiana, Arkansas, and Texas in the year 1853; the prize essay on a new method of Treating Ununited Fractures and certain Deformities of the Osseous System, by Dr. D. Brainard, of Chicago; report on the Norwalk Disaster, and the reports of the Committee of Publication, Catalogue of the Officers, and permanent members and index.

We shall give analyses of the most interesting of these papers in future numbers of the Journal. The mechanical execution of the volume is good and does credit both to the committee and the publishers. We advise those of our readers who wish to secure a copy for their libraries to send in their orders soon to Dr. Pliny Earle, New York Chairman of the Committee of Publication.

J.

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On the Construction, Organization, and General Arrangement of Hospitals for the Insane. By Thomas S. Kirkbride, M.D., Physician to the Pennsylvania Hospital for the Insane. Philadelphia: Lindsay & Blakiston, 1854.

THE growing interest for the welfare of the Insane manifested by States as well as by individuals, is one of the encouraging signs of the present age. The wants of this unfortunate class of the community are being recognized, while interest and duty alike prompt to measures for their relief. In our own country, institutions are springing up in almost every State, where their physical wants are judiciously cared for, and their mental maladies properly treated. Dr. Kirkbride, in the little work before us, has made some valuable suggestions as to the style of architecture and internal arrangements best suited for the gratification of the taste and the accommodation of the Insane.

We commend the work to the careful perusal of all those interested in the erection or management of hospitals for this class of the community. J.

Registration of Births, Marriages and Deaths in Rhode Island, for the year ending May 31st, 1853. Prepared under the direction of ASA POTTER, Secretary of State.

The above is a pamphlet of 188 pages, containing the first annual registration report for the State of Rhode Island.

The work of compiling the report was chiefly done by Thomas H. Webb, M. D., of Providence, who seems to have performed his task with much patience and care

Forty pages are occupied with statistical tables giving the number of Births, Marriages and Deaths in each county with their population as determined by the census. These tables embrace a great amount of very useful matter. The remaining 148 pages are occupied with an interesting history of the progress of legislation, and a detailed analysis of the facts furnished in the statistical tables.

Dr. Webb has evidently bestowed on the report much labor, and has thereby made it correspondingly interesting and valuable to the whole profession. We hope the time will soon come when every State in the Union will have, not only a good registry law, but one well executed.

Congestion of the brain in cholera, by James M. Newman, M. D., Buffalo, N. Y.

Galt on Insanity.

Elkoplasty or Anaplasty applied to the treatment of old ulcers; also a new mode of treatment for delayed or non-union of a fractured humerus, by Frank H. Hamilton, A. M., M. D., Professor of Surgery, &c., &c.

Resume de Recherches cliniques sur la fievre continue, la dyssenterie, la pleuresie chronique, et sur les variations du ton dans les sons fournis par la percussion, et par l'auscultation, par Austin Flint, M. D., Professeur de Medicine, theorique et pratique a l'Universite de Louisville, etat de Kentucky, Etat Unis d'Amerique. Paris. 1854.

Proceedings of the American Pharmaceutical Association, at the third annual meeting held in Cincinnati, July 25th and 26th, [illegible]. Published by direction of the Association.

[illegible] Annual Report of the Board of Regents of the Smithsonian Institution.

Dr. [illegible] enumerates the following as the premonitory and [illegible] symptoms of congestion of the brain in cholera:

There is a class of cases in which there never occurs the pallid, [illegible] countenance generally seen in cholera, and so characteristic of the disease. If reaction is established the bright, if not [illegible] complexion of the patient seems to belie the assertion that [illegible] few hours before they were at the very mouth of the grave.

This redness of the face is attended by several peculiarities. In some cases it presents the appearance of a bright blush diffusing itself over the whole cheek. In others it is a deeper red, and not so largely diffused; the color toward the center of the patch becoming more and more intense. a bright circumscribed spot is manifest upon a field of less intensity. The small cutaneous vessels are minutely injected, and the general appearance is not unlike that caused by the immoderate use of alcoholic stimulants, or frequent and long exposure to the sun.

This redness of the skin, depending upon the injection of the vessels, is very persistent. It remains during the whole period of treatment, and long after convalescence. It seems as if it required to be removed by some process of reparation.

The eyes are more or less injected. The intensity of this injection is very various. and is increased with the the persistency of the case, and its tendency to a fatal termination. The conjunctivae in some cases are injected in their lower halves only, that portion covered by the upper lids remaining singularly clear.

If convalescence be not speedily established, the vomiting and purging continue, or, if for a time checked return again. Drinks, medicines, and nourishments are all alike rejected by the stomach; and the matters thrown up cease to be a mere colorless liquid, but are more or less tinged, generally being yellow, sometimes green [illegible].

The discharges from the bowels are frequent and assume in a [illegible] or less degree the consistency, odor and appearance of ordinary diarrhoea. The discharges sometimes are very offensive. [illegible] is not always [illegible] occasionally, [illegible] throughout the [illegible] water. But I believe [illegible] generally observable in cases of a rapid termination, and in cases where a relapse has been sudden from a condition of comparative convalescence, and partakes of the character of a second attack of cholera.

As the vomiting and diarrhœa continue, the strength wanes; the color of the face deepens, or extends in surface; the eyes are more and more injected: the patient becomes drowsy and inclined to sleep; the stupor gradually increases, and finally profound coma becomes established, terminating in death, or recovery after long treatment and a tedious convalescence.

The condition just described is Conjestion of the Brain in the course of Cholera.

The flushed face. and injected eye, are the premonitory symptoms of and the indications pointing out the tendency of the disease to such a termination, and warn us against any treatment which may precipitately hurry it on, and conduce to hasten our patients to the grave.

I would solicit for the consideration of these conditions of the face and eye, more than a casual notice. I have come to regard them as valuable diagnostic signs; and as they occur earlier in the disease, look upon them as affording us an unerring index to our course of treatment. With these marks upon our patients we have Congestion of the Brain, in some form or other, to contend with. And fortunate indeed shall we be if our patient prove to be lightly affected, or our medication wards off the impending evil.

The author regards the vomiting and purging at this stage of the disease as choleraic only in their character and indications, the vomiting depending on irritation of the brain from congestion, while the diarrhœa is due partly to the same cause. and partly to the exudation of the serum of the blood through the coats of the intestines, in consequence of a change of vital action or lesion of structure in their membranes. Although the writer regards this as a stage of cholera, yet he says that in the treatment "we are here to cease to regard and to treat the disease as cholera merely; but we are to merge this consideration into a knowledge of the fact that we have a brain affection to treat sufficiently serious to destroy our patient." Grant this fact, but what is this brain affection? Dr Newman thinks it may be simple conjestion or a state of inflammation co-existing with congestion. It has been supposed by others that it is dependent on retained excretible materials. especially urea, acting as a positive poison to the nervous system. It has seemed to us from many observations that it is simply a local manifestation of the *grand mal*, and that to understand it we have only to trace the changes that take place in the fluids and solids of the body from the first invasion of the disease.

The premonitory diarrhœa, as it has been called, we consider one stage of cholera. During this period the water of the blood is rapidly passing into the alimentary tube; the specific gravity of the liquor sanguinis in the blood vessels is increased; and by the law of exosmosis, the contents of the corpuscles passes through their walls, leaving them in a corrugated condition. As the disease progresses, first the inorganic, second the organic solids pass into the intestinal canal, the blood corpuscles become still more collapsed, from the viscid condition of the blood, they circulate but slowly, and their function as the carriers of oxygen is performed with constantly increasing difficulty.

We believe it is admitted by physiologists of the present day that the functional activity of parts is dependent on the molecular changes in their ultimate organic elements, and that these changes are effected mainly by the agency of oxygen. If this be so, we can understand how a series of morbid changes in the fluids and solids of the blood may affect the different extra-vascular structures. The old worn-out particle is not removed, the new material is not supplied, the process of secondary assimilation is entirely arrested, with a consequent loss of function, not of one organ only but of the whole system. The arrest of the circulation or the congestion seems therefore to be dependent on two causes: first, the viscidity of the blood, from a loss of water; secondly and chiefly, in the loss of the force existing in the capillaries and in the arterial walls. It is general in its character, manifesting itself, first, through those organs most sensitive to injury, and in their derangements affecting most seriously the vitality of the organism. The therapeutical indications are to restore to the blood its normal conditions, and to excite the secretions by introducing into the system those substances known to possess an influence over them.

The first of these indications may be fulfilled by allowing or requiring, if need be, that the patient drink largely of weak solutions of the neutral salts of soda and potassa, while at the same [illegible] beef [illegible] the [illegible] of beef is administered in as liberal quantities as the stomach will retain, thus supplying those constituents that have been drained during the active stage of the disease. For meeting the second indication, we may use, in addition to the salines above mentioned, mercurials, the measure of their quantity being the effect produced. The experience of the profession we believe, has furnished quite unanimous testimony as to their good effects in this stage of the disease, but whether they act as revulsives as Dr. Newman thinks, and thus relieve the congestion which he seems to suppose is confined to the brain, or whether they serve as excitants of the organic actions generally, as we think more probable, it is perhaps difficult to say.

The essay of Dr. Galt is from the American Journal of Insanity. It contains much that is interesting, not only to those who are more immediately charged with the care of the Insane, but also to the general medical reader.

Dr. Hamilton proposes to cure indolent ulcers, where there is a loss of integuments, by grafting from remote parts healthy tissues. The following is his summary:

1st.—Ulcers, accompanied with extensive loss of integument, do generally refuse to heal, whatever may be the health of the body or of the limb.

2d.—Anaplasty will sometimes succeed in accomplishing a permanent cure, and especially where the health of the body and of the limb are perfect, and where, by inference, the refusal to heal is alone attributable to the extent of the integumentary loss.

3d.—The graft must be brought from a part quite remote; generally from an opposite limb, or from another person.

4th.—If smaller than the chasm which it is intended to fill the graft will grow, or project from itself new skin to supply the deficiency.

5th.—It is not improbable that the graft will expand during the process of cicatrization at its margins, but especially [illegible] after the cicatrization is consummated.

6th.—In consequence of one or both of these two circumstances, it will not be necessary to make the graft as large as the deficiency it is intended to supply.

Dr. H. proposes to treat ununited fractures of the humerus by first straightening the arm. A case is reported in which this course was pursued and the ends of the bones perforated, as recommended by Dr Brainard in similar cases. Union was established in less than forty days.

Dr. Flint, in his resume, has given the essential points of his work on continued fever, dysentery, chronic pleurisy, and his prize essay on the variations of the pitch in the sounds furnished by auscultation and percussion, published in French during his recent visit to Paris. The works have been noticed in our journal, and we have nothing more to say in reference to them.

We have not space in the present number to do more than acknowledge the receipt of the remaining works.

We have received catalogues of medical and surgical works, by Blanchard & Lea, Philadelphia; and the Messrs. Wood of New York. Also, the Eighteenth Annual Report of the Directors and Superintendent of the Vermont Asylum for the Insane. J.

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The Voluntary System of Medical Education Instituted by the Independent Medical School of Pensylvania, Chartered May 8th, 1854: King & Baird, Printers, Philadelphia.

THE above is the title of a pamphlet of 20 pages, containing some just criticisms on the present system of Medical Education, and explaining the nature and objects of what is styled the "Independent Medical School of Pennsylvania."

The proposed organization is not to be a school for giving instruction or lectures, but solely for the purpose of securing an independent board of examiners before whom the candidate for Medical honors can present himself and receive a thorough examination without reference to the place where he may have pursued his studies or attended on lectures. We infer from the pamphlet that a charter has been obtained granting all the powers necessary for carrying into effect such an institution.

An attempt of a similar character was made in Philadelphia, so early as the year 1837; and was then advocated by a very large proportion of the profession in that city. But the legislature then refused to grant them the necessary charter. (See Eclectic Journal, Med. vol. 1. p. 80.) We hope the present effort will meet with better success; for we hail every movement that tends to sever the present connection between the business of *teaching* medicine and granting diplomas which serve as licenses to practice.

We have long contended that the several medical schools of our country could never be thrown fully upon their actual merits, as institutions of learning and sound instruction, so long as the privilege of conferring degrees placed the most insignificant school on the same level, in this respect, with the most renowned. But the establishment of ever so many *Independent Boards of Examination* will not remedy some of the most prominent objections to the present system of medical education. Take, for instance, the objection stated very clearly in the following paragraph from the pamphlet before us:

"Out of the customary limitation to a *duplicated session* of four or five months, (the two sessions that make up the term of public instruction, are in fact, but copies and representations of each other,) *there grows an unavoidable confusion of study*—a mixture without order, relation, or natural sequence and dependency. Anatomy, for instance, which certainly ought to have some fixed place in the programme of tuition, corresponding to its natural order in study, is taught in a tangled coil of surgery, physiology, therapeutics, and obstetrics! The surgeon begins, perhaps, with inflammation, and the chair of practice opens on fevers, while the anatomist is still lecturing on the *bones*. And amputations, the action of remedies upon the vascular and nervous systems, and the mechanism of parturition; are under discussion in their several chairs, before the anatomist has reached a muscle, artery or nerve, involved in the prelections of his fellow-professors!"

This crowding of the whole field of Medical Science upon the mind of the student without method or natural order, during a limited session of college instruction, has long been felt as a radical fault. But the remedy proposed both in the pamphlet and elsewhere, which consists in *simply lengthening the college terms*, is wholly futile and inadequate. Here was the great error of the American Medical Association. Its members saw clearly the absurdity of crowding the field of medical study into the brief period of four months, and hence one of their first acts was to recommend the addition of *two months* to the college term. But in doing this they left the same confusion, the same daily crowding of diverse branches upon the mind, regardless of their natural sequence, as before. Consequently it only subjected the student to a more protracted endurance of the same difficulties as in the short sessions; and the recommendation proved an entire failure. If the Association had, with the same unanimity, recommended the annual college session to be extended to *nine* months, instead of six; and then subdivided it into *terms* of three months each, with a division of the science of medicine into *twelve* departments—four of which should be taught in each of the *terms* of the college session; they might have so grouped the several departments or branches that all students during the first year of study should attend one term of *four* branches, presented in four lectures a day for three months, thereby giving ample time for practical dissections and study—those in the second year of study should attend another term of *four* branches, three months, during which they should still dissect and also attend hospital for the special purpose of studying Pathology—and those in the third and last year of pupilage, having now laid a good foundation should attend the *third* term of the college session, which should embrace the great remedial or directly practical branches with clinical instruction both for its Pathology and Therapeutics.

This would place the several departments of medical study in something like their natural order of sequence and dependence, and would secure a most desirable degree of method and thoroughness in our system of medical education, without any increased tax on the student's time or pecuniary resources. If such a system of college instruction was adopted together with the establishment of independent boards of censors for confering degrees, it would soon place every college entirely on its merits and resources for instruction, and give to college competition a widely different tendency, in some respects, from what it has possessed during the last half century. In the meantime we would commend to the attention of the friends of the "Voluntary System," in Pennsylvania, the concluding chapter of a little (and much abused work) we published a few years since "On Medical Education." D.

EDITORIAL.

To Members of the Illinois State Medical Society:

THE volume of the Transactions of this Society for 1854 has been published and mailed to all who have paid the annual assessment of Two Dollars. The names of all such are published in the list at the end of the volume.

But there are many who have been and are still included as *members* of the Society who have not paid their assessment, and the amount of money received into the treasury is not yet sufficient to pay the expenses of publication. It will be seen from the notice of the volume of Transactions in this number of the journal, that it contains some matter of permenent value.

Will not all those whose names have been enrolled on the list of members of the Society, who have not already done so, forward without delay their names with the annual assessment, and thereby furnish themselves with the Transactions, and the treasury with funds. It witl save time and trouble if all applications for copies are addressed directly to N. S. Davis, Treasurer of the Society, Chicago, Ill. D.

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THE next number, which is the last of the present volume, will contain a leading article on a form of *Jaundice*, which was quite prevalent during the middle part of the last winter, and cases of which are again becoming frequent. With the commencement of the new volume, we shall resume the series of Articles on the Pathology of Fevers, which was commenced in volume ii., and continue them until they embrace a full exposition of our views of the *causes* and *treatment* of this large and important class of diseases.

In the meantime we hope our friends will not withhold their contributions to our columns.

[illegible]
[illegible] to [illegible] find the name of the
“[illegible] Medical Journal” [illegible]
Please excuse the [illegible] [illegible]

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

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ORIGINAL COMMUNICATIONS.

ART. I.—*A History of Ileo Colitis*, as it prevailed in and around Fairfield, Wayne county, Illinois, during the summer of 1854. By S. W. Thompson, M.D.

Gentlemen—Deeming, as I do, that it is a duty imperative upon every physician to record the progress of every epidemic visitation of disease, of whatever kind it may be, or whatever character it may assume at the time of such visitation, I have thought it might not be uninteresting to you were I to give a brief sketch of the disease at the head of this article, as it prevailed during the past summer in the county where I reside. I may have been mistaken in my diagnosis of the actual morbid anatomy present; as also I may have been in the mode of practice which I thought it advisable to pursue; I may be wrong in some of the reflections and ideas which I shall here offer. But of these things you must be the judges, and should such be the case, some of you, as well as myself may learn better by seeing my errors. But to proceed.

The disease first showed itself in a serious epidemic form about the middle or last of June, 1854, and continued on with little or no abatement of its virulence until the middle or latter part of

August following. What I wish more particularly to call your attention to in this paper, is the peculiarly low and malignant character assumed by the disease in question; its little amenability to ordinary treatment, and the *early appearance* of a number of grave symptoms, usually occurring after a somewhat lengthened sickness. That there has been with us this summer a very general tendency to low or adynamic stages of disease is too well known to require further notice. What the true reasons of this disposition are, is still a mystery in part. We may if we please attempt to ascribe it to the excessively hot and dry summer appearing immediately after a cool and very wet spring. But we are still no nearer an explanation when we find that counties adjoining Wayne, and subject to the same meteorological influences, and not differing materially in the soil, remained almost entirely exempt from any serious epidemic disease for at least two months later than we did. And still more are we convinced of the insufficiency of any such explanation, when it is known that although the tendency to a low grade of disease, especially of the character of the one now under consideration, was generally manifested throughout Wayne county, yet in certain small and well-defined localities alone did there appear that peculiarly epidemic and malignant tendency of which I wish more particularly to speak.

Having prefaced by these brief remarks, I shall endeavor to describe the disease in detail as I witnessed it myself and heard it described by trustworthy and competent physicians.

The first serious case I recollect seeing was that of a man of somewhat weakly habit. He had complained of suffering from the excessive heat, and had some slight and transient diarrhœa occasionally for a fortnight, when about the first day of July he was seized with all the symptoms of dysentery. Fever, tenesmus, tormina, pulse quick and rather hard and small, not full. Stools consisted of mucus mixed with blood and a little fecal matter. Some tenderness over the region of the colon; tongue slightly coated. I did not see him at this time, but received the above account from another physician. On the morning of the fifth of July I was called in consultation. The case was then desperate, indeed hopeless. There was considerable tormina, tenesmus, and fever; tongue was coated brown, and cracked; sordes upon the teeth; pulse small, frequent, weak and fluttering; considerable emaciation; lay in a state of stupor, partly I think the effect of opium previously given; stools were frequent and composed of greenish bloody water, sometimes almost clear blood, and at other times containing some amount of mucus. Upon pressure in the right iliac region, I discovered some tenderness, and this upon slight pressure could be traced over the region of the small bowels. The pain upon pressure in the course of the colon was not very acute. Partial perspiration would now and then appear; patechia were already plainly manifested over the chest, neck and arms. Sub-sultus tendinum was also present to a marked extent. As whatever was to be done had to be done promptly, the resisting powers of nature being rapidly upon the decline, there was administered Quinine, hydrarg. cum creta, and Dover's powder, along with turpentine. Also glysters of gum arabic emulsion and turpentine. These means entirely failed to check the discharges from the bowels, and although he appeared for a short time to revive under the stimulation of the turpentine, there shortly after appeared vomiting of the same character of matter as that passed by stool. Astringent injections, quinine, wine and turpentine, were again administered without avail, and he died on the afternoon of the seventh. From the first time I saw him, the stools were very offensive, but towards the last day they assumed the appearance of decomposed blood, and smelt so intolerably offensive as to sicken the attendants. There was present some disposition to retention of urine, but it was not serious, and I thought might be caused by a large blister over the abdomen, which had been applied and kept dressed with mercurial ointment before I saw him. This patient, towards the last few hours of life, became dull, indeed almost comatose.

The next case I saw was that of T. R., æt. 18. He was attacked on the 6th of July with tormina, tenesmus, and passage of mucus sanguinolent stools. Tongue somewhat coated with a whitish fur; some headache, but little fever; great tenderness in the track of the colon. His bowels had previously been regular. I immediately gave—

Calomel, . .	gr. xxiv.
Dover's Pulv., . .	gr. vi.
Opii, . .	gr. iv.
Plumbi acet. . .	gr. xv.

in cht. iii., one every four hours.

The patient was ordered to keep quiet, and use demulcent drinks. Under this treatment he improved rapidly for a couple of days; but at the end of that time he exerted himself too much, and was taken with a relapse. The mode of treatment pursued this time was similar to the above, but substituting more opium and ipecac., and less of the sub. mur. He again began to improve, but had some flashes of fever. I now applied a large blister over the abdomen, and substituted the hydrg. cum creta, opium and plumbi acetatis, for the medicine previously given. The blister drew well, and was followed by a decrease of all the bad symptoms. Tongue looked clean; bowels were moved only to a moderate extent, and the stools began to assume their natural color and snbsistence. Urine high-colored and copious, depositing considerable sediment upon standing. There had been some retention of urine; but this symptom was now relieved. Pulse felt soft and slow; no headache, no fever. The tormina and tenesmus had entirely disappeared. He continued to improve until the night of the 11th, when he was taken suddenly worse. There was some return of tormina and tenesmus, with pain upon pressure in the right iliac region. Fever, with a very harsh and dry skin; pulse weak. quick and soft. I had ordered a dose of castor oil to be taken the evening before, but it had been neglected. I now again ordered the same, with the addition of ʒss of turpentine. He had frequent bloody, greenish, watery stools, the blood being intimately blended with the rest of the matters passed. Tongue coated brown, dry and cracked. There was present some muttering delirium, and sub sultum tendinum. I ordered, after the oil and turpentine were taken,

Hydrg. cum creta, .	gr. xv.
Morphia sulph., . .	gr. ij.
Quinine, . . .	gr. viii.

in cht. ij., one every six hours.

On the next day he was about the same. The oil brought away one dark feculent discharge, and then the passage of greenish bloody, and very offensive watery stools continued. There was some slight disposition for the tongue to clean off. Still some fever, but extremities are sometimes cold. Moans and talks in his sleep. Great restlessness. The tenderness and gurgling in the right Iliac Fossa continued and seemed to be increasing. Ordered the surface to be sponged with cold water and seidlitz powders to be taken pro re nata. Also,

Calomel, gr. vi,
Opium, gr. ij,
Quinine, gr x.
in cht iij, 4 to 6 hours.

Repeat Castor oil and Turpentine. On the 13th I found him some better. The oil and turpentine brought away some two or three dark feculent discharges, not nearly so fetid or bad colored as previously. I now ordered

Dover's powder, gr. xv,
Opium, gr. iij,
Ext. Gentian, f s,
Quinine, gr. xx.
In pills, viii, 2 every 4 hours.

Spts. Etheris Nitrici ʒj coch. parv. 2 hours. Sponging the surface with warm vinegar and water.

After this date he continued to improve, and he took no medicine except Quinine and Dover's powder.

His family afterwards removed him to a distance of twenty miles, but he did not seem to suffer materially from fatigue, and eventually slowly recovered.

I saw several other cases about this time, and all were taken in a way similar to those just described, and in all at the end of two or three days if the disease was not previously checked, there came on purging of bloody or greenish bloody water, with pain and gurgling in the right Iliac Fossa, and in many there was present general abdominal tenderness with Tympanites. The Tormina and Tenesmus, and passage of more or less Mucus continued after symptoms of inflammation of the small intestine came on. In some there would be a greater predominance of symptoms referable to the colon, than in others. But it would be tedious for me to give you a history of each individual case, and I shall therefore relate but one more in detail.

On the 28th of July I was called in consultation to see a lady affected by this disease. The symptoms previous to my seeing the patient were as follows. She was taken suddenly three days be fore, having previously been in good health, with violent and continued pain in the course of the colon, with the passage of blood and mucus. Some considerable fever. Pulse quick and full, but not very hard. Tongue coated to a moderate extent with a yellowish white fur. Extremities at times inclined to be cold. Tender ness upon pressure, in the track of the colon. Considerable Tenesmus. At the time I saw her the symptoms were as follows. Paroxysms of pain through the bowels, more especially upon the passage of stools, which occurred every half hour or hour. High fever, but extremities occasionally cold. Some headache. Tenderness and gurgling in right Iliac fossa. Stools passed involuntarily, and were of a pinkish green offensive water, mixed with small clots of partially decomposed blood, and a considerable amount of mucus. Pulse very quick, weak and thready, yet not very soft. Marked Sub sultus Tendinum. Tongue dry, coated, brown and fissured. The patient lay as if wishing to remain undisturbed, except during a paroxysm of pain, when she cried out for some one to help her. Petechia already apparent on the breast and neck. There was also over the same part, a slight vascular eruption, the vesicles of which, soon after they had acquired the size of millet seeds, became filled with an opaque serous fluid, having somewhat the appearance of thin pus. They shortly became depressed in the centre, and they assumed every appearance of Small Pox pustules. Whenever they were ruptured, they poured out the contents and left nothing but minute red points.

The plan of treatment pursued previously to my seeing her and continued in after that time, was the administration of alterative doses of Hydrg. Sub. Mur, combined with opium, Ipecac and Quinine. Sponging the surface with cold water to relieve fever. Gum Arabic Emulsion, Turpentine and Laudanum given by the mouth and also by glysters. Wine was allowed pro re nata. She continued to grow worse. The vesicular eruption previously spoken of continued to increase, as quickly as one crop disappeared another showing itself. The stools continued about the same, of a most offensive character and still passed involuntarily. Pulse weaker and more rapid. Retention of urine also occurred, but was relieved by an emolient poultice to the Hypogastrium. Fever about the same, some wandering and delirium. Tongue brown and cracked. Sordes on the teeth. Tenderness along colon still continued, as did the tenderness and gurgling in right Iliac fossa. Abdomen became Tympanitic, and extremities gradually cold. I applied a blister to the abdomen which drew tolerably well, but afforded no relief. The hands and feet were bathed in stimulating linaments with a temporary restoration of warmth. Quinine, Hydrg. cum Creta and Dover's Powder were continued along with wine by the mouth and injections. Aqua Camphora or Spts: Mindareris given pro re nata. Light and nourishing food ordered, as there was evidently a rapid failing of the resisting powers of nature. Vomiting of a greenish, watery and very offensive matter took place shortly after. Injections of wine and beef tea ordered to be continued; but it was all to no purpose. She continued to *exist* for several days in a state at times approaching to coma. The subsultus Tendinum &c. continued to the thirteenth day when she died.

The above are true descriptions of almost all the bad cases of the disease which presented themselves. They all began as Dysentery, but rapidly degenerated into a grade of disease, the symptoms of which in most things exactly accord with our knowledge of severe cases of Typhoid fever. But there is this marked difference between the two. In the disease we are now discussing, there was always at the commencement symptoms of severe Colitis, and these continued with more or less severity to the end. This is not the case in Typhoid fever. There is another important difference which it will be well to mention, viz. The early appearance of Petechia, Sudamina and Sub Sultus Tendinum, which usually appeared *from the third to the fifth day, and in some from the first of attack*, whereas in Typhoid fever we look for parallel symptoms not before the eighth day. The first and last cases related above were the only fatal ones coming under my own observation, but the fatality generally in the localities where it prevailed epidemically was truly melancholy.

As I remarked in a previous part of this paper, there are many points of resemblance between this disease and Typhoid fever. The purging of liquid stools, in many cases nearly pure blood: the disposition to low muttering delirium and general prostration, along with the occurrence of sub sultus and Patechia, would all point out the similarity. But there are still other symptoms which lead us to note this connexion still more closely. These are, first, the evidences apparent of a limited contagious nature possessed by the epidemic, and secondly, its being confined with a few exceptional cases to certain well defined localities. That the disease in question was to a limited extent contagious presents itself strongly to my mind. That it occurred independently of such cause is beyond doubt; yet the occurrence of the disease could in many instances be traced so directly to contagion, that it would be difficult to entirely throw away such evidence, even were it in direct opposition to our usually received opinions. I will mention one instance in point. The third case related in this paper, had been, so far as could be ascertained, subject to no contagious influences for some time. But three of those who were in constant attendance were attacked; two of these resided when at home in districts not subject to the disease. One of the cases proved fatal. The child of the patient in question was seized with it and died. Her mother-in-law and sister, who, besides those mentioned above as having contracted the disease were in close attendance, were also attacked but recovered. I myself contracted the same complaint, but arrested it promptly by means of large doses of opium. This, it is true is but a solitary instance, yet others occurred of almost as marked a character as the above, and there was such an evident connection between effect and cause, that I think we are hardly justified in repudiating the idea of the disease in question being to a limited extent contagious. Nor is this idea at all novel. Our best authorities upon Typhoid fever, argue in support of the disease being more or less contagious in its nature. Many of the older writers believe dysentery to be contagious when occurrin epidemically, and some of our best modern authors admit that i may be, and probably is so under certain peculiar circumstances; and, what I would ask, is so likely to give a contagious principle to dysentery as its complication with a Typhoid character of disease? Dr. Bell, although not subscribing to the doctrine of its contagious nature, says: "The most plausible argument in favor of the contagiousness of dysentery are made when the disease is associated with fevers of a Typhoid character and sometimes with Typhus itself." In the same paragraph he adds: "But in such cases dysentary, like bronchitis, is a superadded disease, a complication of the original malady, and in this view does not come within scope of investigation into the etiology of either sporadic or epidemic dysentery.

I cannot however, give an unreserved and unqualified assent to this doctrine, for it seems to me improper to make the colitis the superadded disease, when really it was the primary one. A typhoid character of fever may come on subsequently to the appearance and predominance of dysenteric symptoms, as did actually occur in the epidemic I am now recording; but certainly it would be far more proper to call the fever superadded, instead of attributing the cause to the effect, as would be done by reversing the matter as Dr. Bell intimates.

Another analagous feature to typhoid fever, possessed by the epidemic, and at the same time it is a slight evidence of its possessing a contagious character, is its confinement to certain settlements, or well defined localities or neighborhoods. This was so strictly true in Wayne Co., that except a very few scattering cases of the disease, it did not spread beyond the limits of such localities or neighborhoods as it first appeared in. For instance; in the town of Fairfield, there were few families which entirely escaped its visitation, yet here the severe cases were confined to one part of the village; the disease did not extend around the town, except in one or two instances where those so attacked had been in close attendance on others suffering from the complaint. Another neighborhood about four miles north-east of Fairfield, suffered even more severely than did the latter place; almost every case attacked here within a space of two miles square proving fatal; nor was this fatality confined to the practice of one physician merely, for all who had much to do with the disease in this neighborhood were nearly equally unfortunate.

From closely and attentively watching the symptoms and progress of this epidemic, I am convinced that the inflammatory process, in all cases, first commenced in the *colon*, but rapidly extended itself, until it reached the *small intestines*; in some cases involving the mucous coat throughout nearly their whole extent.—In the practice of Drs. Bell and Stokes we are told that dysentery is sometimes complicated with extensive disease in the small bowels; and in the opinion of these gentlemen, what is actually denominated typhoid dysentery, *is where the colitis is either complicated typhus or (typhoid) fever or extensive lesions of the small intestines.* It is most usual to see epidemics of "typhoid dysentery" in warm seasons and climates, and I would enquire, whether the extreme heat of the past summer might not be reasonably expected, under other favorable circumstances, to give rise to disease which would simulate those incident to tropical climates?

Upon the general treatment of the disease I shall be as brief as possible, confining myself to the practical details and abstaining from theoretical discourses and abstract ideas. It was only during the first few hours of atttack that much immediate benefit could be expected from the use of medicine. If therefore I saw at this period, I gave pretty free doses of opium combined with blue mass. The following was what I usually prepared for an adult.

℞ Pil. Hydrg. - - - ℈ij
Pulv. Opii - - - gr. xii

In pills x. 2 at once and 1 every 4 hours until the discharge ceases.

In some cases where the patient had been in good health, young and robust, I preferred to use the mild chlor. of mercury in place of the blue mass. I sometimes gave ipecac or pulv. comp., but the irritability of the stomach was generally so great as to preclude the use ofeither. I will here mention the peculiar susceptibility that existed to the scialagogue action of mercury. In some cases after giving a dose or two I have been compelled to desist from the use of this valuable alterant, and in others, quite a troublesome ptyalism supervened upon taking three or four doses of the remedy.

After giving the medicines mentioned above, should the bowels remain costive, I usually give a dose of castor oil and laudanum, and this in a large majority of instances was all the medication required, if the patient was seen in the commencement; but should the disease be allowed to go unchecked, it became necessary to resort to other remedies. When therefore the tongue became dry, brown and cracked; the pulse weak and irregular; when there was present fever, low muttering delirium and sub sultus, and at the same time the discharges from the bowels are bloody water, mixed with mucus, I trusted to the administration of quinine, opium and hydrg. cum creta. Spts. etheris nitrici given freely. Small quantities of quite cold water for drink, and sponging the whole surface with warm or cold water to suit the patient's fancy. Glysters I have found this season to be of little or no benefit, except in cases where there was great nervous excitability and restlessness; when a simple warm anema of gum assafœtida in water or thin starch proved of great service. Should the abdomen become tympanitic, a cloth wrung out of hot water and sprinkled with turpentine I have found to be a most admirable topical application to the bowels. Great benefit may be expected from blisters, but care is required to watch the proper moment for their application, and I am satisfied that in one or two instances I have seen harm result from their too early use. When the most severe symptoms, such as tormina, tenesmus, and discharge of bloody stools, had somewhat but not entirely ceased; when the fever was disposed to become remittent in its character, or of a lower grade than it previously had been; or when the extremities were disposed to become cold, I have found to be the most advantageous time for their application. They should be kept on until their epispastic effect is sure of being obtained, but not longer, as in the latter case the irritation excited by them may be so great as to neutralize the good effect of their derivative action.

About the same time that blisters are admissible, turpentine also effects its most valuable results. This remedy I have given in doses of from ten drops to half a drachm every two hours, and with the most marked benefit. I usually combined it with laudanum; and the administration has been followed, in many instances, by a decreased and improved condition of the discharges from the bowels; a relaxation and softening of the skin, and clearing off of the tongue. I cannot give minute directions concerning all the little "et ceteras" required in the treatment of this or any other disease; as such things must, of course, be filled up by the good sense and judgment of the physician. I will say a word, however, upon the use of quinine in this disease. *I have used it in every case;* sometimes from the very beginning: at others not until the latter stages of the complaint. In regard to the time of its administration, I have been governed entirely by the character of the attack. If it was one in which I might reasonably expect the rapid supervention of typhoid symptoms, I commenced giving this remedy at once; otherwise I waited for the appearance of symptoms indicating its use. The administration of wine or brandy was governed by nearly the same circumstances—of course desisting from their use as long as possible should there be high fever, with great abdominal tenderness. I did not use cups, as I did not meet with cases wherein I thought them applicable; but I knew of several cases in which they were applied, but without any benefit resulting from their use.

I have thus given a succinct, yet, I am aware, an imperfect history of the disease which so sorely afflicted the community where I reside, and the progress of which was so well calculated to make the physician doubt the boasted powers of medicine, and cause him to dive still deeper into the mysteries of disease, and try to fathom its utmost depths. Medicine seemed, in a very large proportion of cases, to have entirely lost its controling power over disease; and Death stalked, with all his nakedness, hand in hand with the dreaded pestilence. Should what I have here recorded be the means of enabling any one hereafter to treat the disease with better success than has been my melancholy duty to record, I shall be fully satisfied.

I doubt not that many opinions I have advanced in this paper will not meet with your approval; but of this I am not the ter; and should further investigation convince me of my errors, if such I have been guilty of, I shall be most happy to acknowledge them.

ART. II.—*An Address*, read before the Madison county Medical Society, November, 1854. By JOHN S. DEWEY, M.D.

GENTLEMEN,—In accordance with a regulation of this Society, requiring a contribution from each member for our mutual interest or benefit, I purpose to communicate the deductions relative to the disease called "Milk Sickness," which a number of years' practice in a locality where it has, from the first settlement of the country until the present time, been peculiarly fatal to the inhabitants, and to such of their domestic animals as are obnoxious to it, has enabled me to draw.

The greatest diversity of opinion prevails on the subject of this disease among numbers of the profession, owing to the want of the means of information. Our text-books do not admit it into the catalogue of human maladies; our medical journals seldom contain even the most meagre expression of opinion of it; and, as the cause which produces it is happily confined to circumscribed and widely separated localities, comparatively few practitioners ever have an opportunity of witnessing its phenomena. Therefore there are intelligent physicians who even doubt the existence of this disease; which has been witnessed or treated by a large number of us. According to the rules of evidence, we can establish the fact that such a disease, sui generis, does exist; by our testimony that we have seen it, *smelt it*, and anxiously watched its singular phenomena, though all the profession beside ignore it.

Its name is furnished us by the uninitiated in plain English, and is not inappropriate; for the virus is usually communicated to the human system, and brought to our notice through the medium of milk. The flesh of the infected animal seldom contains the poison sufficiently concentrated to impart its effect by the quantity usually eaten.

The name may also refer to the affinity which the poison manifests for milk. It invariably runs harmlessly through the system of the animal in which this secretion is active; but shows its virulence on the offspring or individual, which takes the secretion into the stomach.

If we prefer the language usually employed in our nomenclature, we have a name sufficiently euphonic and descriptive, and which I see no good reason to exchange for any other—morbus lactealis, or morbus ab lactæ.

Various theories prevail with regard to the cause of the disease: some attribute it to a malaria which arises from the earth in certain damp and fertile localities; others, to a mineral, the sediment of which may sometimes be seen in stagnant pools, when there is a general scarcity of water; and, fortunately for this theory, cattle are driven to these places at the very season of the year when milk-sickness is most prevalent—some, to the web of an insect; and others, to a succulent plant, which grows in damp and thickly-shaded bottoms, and bears a white blossom until late in autumn, and which, if not really guilty of the evils attributed to it, is, at any rate, from its habits and association, justly and very generally suspected.

I shall not attempt to refute the various arguments used to prove, that among the first named articles, is to be found the insidious poison; but will briefly state the reasons which have convinced my mind, that it will yet be detected, and demonstrated, in the last named plant. 1st. It is invariably found in this State; in Ohio and Kentucky; whenever milksickness is endemic; and in our own county, it is demonstrable, that it flourishes most abundantly in the immediate locations where the disease is most rife. In the latter part of this summer, a friend of mine from Washington county in this State remarked, that he had not seen this plant on his journey to Jacksonville, except in a bottom about a mile south of Edwardsville; and unhesitatingly averred that *there* was Milk-sickness. We know the truth of his conclusion, however we may condemn his premises. He emigrated from a portion of Ohio where this disease prevails, and where this plant also flourishes. 2nd. I know that all the symptoms of the disease were produced on calves, at two several times, by feeding them with this plant for experiment. 3rd. Whenever Milksickness is endemic, the plant can invariably be found in the vicinity. And during the past unusual season, when the parched scanty vegetation of uplands on our south, drove the cattle from their usual haunts, to the bottoms and ravines, where this suspected plant is known to grow; the disease has been brought to localities where it was before unknown.

This plant is sought with avidity by cattle late in summer, when other vegetation is matured and dry, because it is then in bloom and more succulent. The same peculiarity renders it more easily destroyed by the first hard frost of autumn, when it and the disease cotemporaneously disappear.

Much more concurrent evidence might be adduced, fortifying the same conclusion, and defacing the theories ingeniously framed to prove the mineral or malarial origin of the poison; such as the removing it from certain localities where it was known to exist, by clearing and fencing the lands for pasture. But I abstain from further speculation on this subject; believing from the interest now manifest in the subject, that we will soon be able to point with absolute certainty to the mysterious agent of so much affliction to certain portions of the west.

I intended to have learned to what class in botany this plant belongs before this meeting, and to have tried some other experiments with it, but have been prevented by procrastination.

The symptoms of Milksickness at the outset, somewhat resembles those of our autumnal fevers, with congestion of the stomach.

In both there is fever, languor, pain in the back and limbs, with a depressed and feeble pulse, but the similarity extends no further; and if we still persist in classing it among the miasmatic fevers, we are bewildered and annoyed by the inconsistency of the subsequent symptoms.

In the latter, the tongue is pointed and its edges rėd. In the former we are surprised, with so much gastric irritation, to find it generally relaxed, the villi long, and covered with a white coat, and the edges pallid.

In the latter, the patient complains of a sense of heat and pain in the stomach, which is relieved in some degree by the administration of an anodyne, emollient drinks and counter irritation.

In the former, the distress is more a sense of fulness and oppression, from which little or no relief is afforded by the treatment above; and the practitioner is urged by the sufferer to administer an emetic to remove the imagined accumulation.

In milk-sickness there is a fetor emanated, which is truly pathognominic. It pervades the apartment where the patient is confined; is readily observed by every by-stander; and, when once perceived, is not soon forgotten. It is familiar to the inhabitant of afflicted districts; and when they detect it in a sick room they unhesitatingly pronounce their diagnosis; and no argument or authority adduced by the medical attendant can induce them to change it, or in the least shake their confidence in its correctness. Indeed, their arguments in support of their conclusion would often confound the most learned and sceptical of our profession.

They tell us of our cattle (except their milch cows) affecte with trembles, and evident enervation, and having this peculiar fitor, and will often show you a calf in the place where your patient is which had partaken of milk from the same cow, with similar symptoms of enervation and the same odor; or if the calf shows no indisposition, the disease will be developed by actually exercising him about the yard. This I have more than once witnessed, and I cannot believe that conjestive fever, with the peculiar odor, trembles, and enervation of which I have spoken, could be produced for the occasion by exercise. Or they may refer you to their carniverous animals, that have eaten of the carcasses of beasts dead of this disease, manifesting the same symptoms and odor.

In autumnal fevers complicated with congestion of the stomach the breathing may be normal, or slightly hurried and short. In milksickness it is labored, deep, and difficult, and at times performed as if by a dispairing effort of the will.

The bowels are most obstinately constipated. The surface is moist, and grows more and more cool as the circulation languishes; and unless relieved by proper treatment, the patient either dies from asthenia or remains for years an invalid, subject to a recurrence of all the symptoms. from fatigue or violent exercise.

From these facts I am led to infer, that the poison acts not upon the mucous membrane of the stomach as an irritant to excite inflammation of the organ ; but upon the nervous system, in such a manner as partially to paralyze the power of muscular contractibility.

We see this influence in the voluntary muscles, which immediately on the attack, refuse to sustain the weight of the patient, and tremble as if outstrained in the effort. The same condition may prevail with the heart, diminishing the force of its contracttions, and with the middle coat of the bowels suspending the peristaltic action, thus producing the obstinate constipation, which is a prominent and very difficult symptom in the disease, and on which possibly depends, the sense of fulness in the stomach, and constant retching.

That the motor portion of the nervous system is susceptible to such an impression as I have here claimed for the poison producing milksickness, is proven by well established facts, showing, that certain substances do act specifically upon separate portions of the nervous system; as digitalis in diminishing, or *upas antiar* in suspending the action of of the heart; or, as the analogous effect of lead, in painter's cholic.

This view of the pathology will explain more of the symptoms, than any other theory which I am aware of having been advocated and is very satisfactionally corroborated by the post-mortem appearances of the viscera.

When death occurs within the first few days from the attack, I am credibly informed, there is no trace of inflammatory action, or local lesion whatever. I have never been permitted to examine the human body, but in the carcasses of animals dead of this disease, which I have examined minutely, the only abnormal appearance which I have observed with any degree of regularity was, the utter siccity of the fecal contents of the bowels. I have seen it in the ox so perfectly destitute of moisture that it would readily ignite.

The gall bladder contains healthy bile, often in large quantity; and is not emptied into the duodenum, owing to the same condition of the muscular fibre of the cist and duct, which holds with the bowels, and prevents their contents from being expelled; but why the absorbents should continue to take up the fluid in the alimentary canal, when the function of the exhalents is suspended, I shall not attempt to explain.*

We are also referred to the nervous system for the pathology of the disease; by the recurrence of the symptoms, from exercise or fatigue, without the reapplication of the cause which originally produced them.

Of the treatment I have but little to say. With our present knowledge, we have no antidote to neutralize the poison, or substance which will counteract its depressing influence upon the nervous system; and our only alternative is, to ward off as well as may be, its effect upon certain organs when the danger is most imminent, until the instinctive healing power in the system shall come to our aid, and expel the poison by the emunctories, or persuade the restive nervous system to tolerate its stay.

The first indication then is to overcome the constipation of the bowels. By this we expect to accomplish a double purpose for good; 1st, to relieve the stomach, upon the same principle that it is relieved by reducing strangulated hernia, or removing any other obstruction to their action; and 2nd, to open an outlet for the offending matter.

In the first we are generally pleased with the result. I have often known the stomach relieved immediately on the contact of the purgative stimulants, with the extremities of the nerves of the bowels, encouraging their action.

The stomach does not usually complain while the bowels are free.

The purgative which I prefer is the proto chloride of mercury, in 20, 30, or 60 gr. doses; given in mucilage of gum arabic; because its specific gravity makes it retained, while the retching would reject almost any other substance. The only caution necessary in the use of this article is, to be sure to give enough; so that our object may be accomplished with certainty, without danger of producing ptyalism, from which I have never known any good result.

After acting freely upon the bowels, if there are periodical exacerbations and remissions in the symptoms, I give sulphate of quinine in the remissions; but if this periodicity does not appear as is most frequently the case, I am driven to the employment of mere placebos or innocent and as yet fruitless experiments, until the condition of the bowels require another purgation; when I repeat the pro. chlo. of mercury in doses as before.

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* Might not the absorbents act under the hydraulic law, by capillary attraction and the vital function of the exhalents be suspended?

Though the matter ejected from the stomach usually shows an acid reaction, I have never afforded any relief by the use of either, alkalies, or vegetable or mineral acids.

I use vesication over the epegastrium; but with little apparent benefit.

The sheet anchor of my hope in the treatment of this disease is purgation, and the friendly interposition of the vis medicatrix natura.

Thus have I briefly and imperfectly communicated the deductions from my observation and experience in the disease called Milksickness, which we are more frequently called to treat, and therefore have better opportunities to investigate, than our brethren in almost any other locality; and for this reason it becomes peculiarly our duty, to our profession and humanity to ferret out its cause, its true pathology and a proper plan of treatment.

Troy, Ill., Nov. 31st, 1854.

SELECTIONS.

On Tracheotomy in Epilepsia Laryngea. By MARSHALL HALL, M. D., F.R.S., &c.

I now resume the question of the institution of tracheotomy in epilepsy. In doing this, I present to the readers of *The Lancet* the results of several years of careful investigation.

I can conscientiously affirm that my hopes of relief in *this direst* of human maladies, from tracheotomy, are more sanguine than ever. I do not, and never did, expect to cure epilepsy, especially epilepsy in its inveterate stages, or with organic lesions, by tracheotomy. I did not expect much from the use of this measure amongst the "incurables" of the lunatic asylum or the workhouse. I did not expect any good results, except by accident, in the cases in which the patient was subjected to tracheotomy without a just and previous diagnosis; for it is still necessary to repeat, that it is for laryngismus, spasmodic or paralytic, and its effects, and not for epilepsy, any more than for apoplexy, that I have proposed tracheotomy as a remedy.

In a word, I proposed tracheotomy for epilepsy in its direst form, short of inveteracy and organic lesion,—in effect, whilst hope still remained. I proposed it for that form—that of the epilepsia laryngea,—assuredly expecting it to reduce it to some other milder abortive form; and my hopes have not been disappointed. In one case,—a case in a lunatic asylum, too—the fits were reduced, by "a moderate and impartial estimate, fifty per cent. in frequency, and seventy-five per cent. in severity;" and were "entirely changed, there being not the slightest lividity of the face, or frothing of the mouth," &c., &c.

In the next place, I proposed tracheotomy for the paralytic laryngismus which follows the severest attacks of epilepsy instantly endangering life; and by it life has been preserved already in many cases, beginning with that of Mr. Cane, and for the present, ending with that of Dr. Williams, of Wrexham. I say this, notwithstanding the fact that the latter patient died afterwards; for he was rescued from a first danger to succumb to a second and totally different one.

To render the proof of the efficacy of tracheotomy still more complete, it has been observed that the fits have been slighter or more severe, according as the tracheal tube was freely patent, or obstructed by mucus—an event, from its tenacity, very apt to occur. In one case the tracheal tube fell out, the fit was severe, and the patient expired.

The effect of tracheotomy in spasmodic laryngismus is only discovered in the induced absence of fits, or in the mitigated form of the fits which do occur. In paralytic laryngismus it is different; the lividity of the countenance, the distension of the veins, the dyspnœa subside a vue d'æil: the effect is immediate, and beyond a doubt. The danger averted; life preserved.

In this case all depends on the early institution of the operation. The laryngismus arises from paralysis of the laryngeal nerves. But other branches of the pneumogastric are paralysed, and if this condition has long subsisted, the bronchial tubes become clogged with mucus, and the patient dies of bronchial, after having escaped from laryngeal, asphyxia. This was the event in Dr. Herrick's case. It occurs, too, undetected, in many cases in which the laryngismus has subsided, and for whom a vain hope is therefore entertained. I visited such a patient many years ago with my friend Dr. Webster; the fit had passed away, but a diffused bronchial rattle remained, and the patient died of bronchial asphyxia.

I have much to say hereafter on the subject of irritation and of paralysis of the pneumogastric nerve in all its branches, events still unrecognised by the profession. But I now resume the topic of this paper.

Amongst the questions in regard to epilepsy, two most important ones have never yet been considered; the first what are the precise forms of the epilepsia trachelea, and what are the abortive forms of epiplepsy when the effects of laryngismus have been superseded by tracheotomy in the epilepsia laryngea ?—the second, what are the causes and modes of death in epilepsy ?

I should conclude that there is usually little danger for mind, limb, or life, in the epilepsia trachelea, judging from the effects of tracheotomy in mitigating this danger in the cure of epilepsia laryngea. In several cases not only have the complexion and the general appearance and the general health been greatly improved by tracheotomy, but the impaired mind itself has become restored. This was remarkably the case in Mr. Mackarsie's, Dr. Neill's, and Dr. Bucknill's patients.

The sources of danger to life in epilepsy are—apoplectic asphyxia and, as in tetanus, exhaustion of the nervous powers—that is, coma, and laryngeal or bronchial asphyxia from paralysis of the pneumogastric nerves, and exhaustion and sinking from the violence and repetition of the attacks.

All these are questions, not for hasty and superficial criticism, but for patient and careful investigation. And now to the proper subject of this communication.

There are TWO cases of epilepsy in which the propriety and efficacy of tracheotomy admit of no *doubt.*

The *first* of these is the *epilepsia laryngea*, of inorganic origin, in its early stage, threatening mind or life, not yet involving organic change; that is, *spasmodic* laryngisums aud its effects.

The same remark applies to other convulsive diseases, perpetual convulsion inclusive.

The *second* is, the epilepsia laryngea, proceeding to coma and paralytic laryngisums or stertor, augmenting the coma and endangering life.

The same remark applies to to the coma left by other convulsive diseases, and to all kinds of simple apoplexy; that is, apoplexy without lesion or ru pture of vessels, deep intoxication, narcotic poisoning, &c.

It may now be well to take a brief retrospect, and consider what has been done.

Of Mr. Cane's case, the first and most brilliant of all, life was immediately saved, and the other patient was preserved afterwards —notwithstanding some indiscretions, such as occasionally closing the trachea—from his attacks, which had previously occurred on an average five times in a fortnight.

The case of Mr. Anderson was one of the greatest inveteracy, and tracheotomy was performed altogether without diagnosis, for epilepsy not for laryngisums. Yet was its violence mitigated.

In Dr. Neill's case there was great improvement. On one occasion "he was threatened with an attack, of which he was conscious;" "removed a temporary plug," and "the symptoms disappeared!" "He made arrangements to renew his business; walked about the streets in the confidence and consciousness of a strength of mind and purpose which he had not experienced for a long period."

On another occasion a seizure occurred; the treacheal tube, it is supposed, dropped out, and the patient "died almost instantaneously."

In Dr. Herrick's case, the convulsions, after recurring every hour or two from three o'clock to nine o'clock P.M., "kept recurring every twenty or thirty minutes; the face and lips were swollen and livid; the breathing much obstructed by mucus, slow and stertorous; the veins of the face and neck much distendeded." It was concluded that "the patient could not survive an hour unless relieved." Tracheotomy was performed, and followed by "a most marked improvement," "the breathing being more natural, the countenance more livid." On the two following days there were only four convulsions, and these less protracted and severe than any previous to the operation.

Unfortunately, this patient was only relieved. He died on the third day of bronchial asphyxia.

Henceforth let us carefully select our cases. Let a just diagnosis be instituted; let there be a fair degree of hope; let the disease be laryngeal, of sufficient gravity to justify the remedy, but not inveterate, not yet involving organic changes.

I conclude by repeating that there are two cases of epilepsy in its direst forms, in which the propriety and efficacy of trcheotomy admit of no doubt: These are—first, epilepsia laryngea, with spasmodic laryngismus, threatening the extinction of mind; second, epilepsia laryngea, with paralytic laryngismus, threatening the extinction of life.

I now propose to add notes of the recent events which have illustrated the use of tracheotomy in epilepsy. These are given in the words of the observers themselves, who have pursued the inquiry.

The first document is a note of Mr. Mackarsie:—

The following simple detail will not fail to interest your readers. It affords proof of the value of tracheotomy in epilepsy laryngea, by contrasting the condition of the patient before, during and after the existence of the tracheal opening. Had this orifice been maintained freely patent, it is obvious that the loss of intellect first, and the loss of life next, would, humanly speaking have been averted!

The present note completes the account of one of the most interesting of the cases in which tracheotomy has hitherto been performed in epilepsy; and, as the able and judicious writer justly observes:—"there is much that is important to be learnt from it." There is much to be learnt from the following striking paragraphs:—

Clay-cross, September 20th, 1854.

"My Dear Sir,—For many months I have been anxious to communicate to you the results in my case of epilepsy treated by tracheotomy.

"When I last wrote to you, my patient had a recurrence of fits, but in a much mitigated form; his mind had improved, and his complexion being of a dusky hue had assumed a natural colour, only remaining perhaps a little paler than natural.

"At this period the tracheal opening was allowed to close through neglect, and the fits resumed the same form they had had before. I wished to re-open the orifice into the trachea, but was not permitted to do so. I watched my patient with intense interest, and observed him revert to his former condition; the fits became more severe, and the coma more prolonged, the dusky hue of his complexion returned and his mind again gave way, until at length I found it necesssary to remove him to an asylum.

"In this asylum my patient remained a few days, and eventually died from the frequent recurrence of the fits.

"I think there is much of importance to be learnt from this interesting case."

I shall always consider it a great honor to correspond with you.

"I remain, dear Sir, yours very faithfully,

"W. J. **Mackarsie.**

"To Dr. Marshall Hall."

The second document I adduce is an extract from an able note from Dr. Bucknell, full of the deepest interest :

"Devon County Lunatic Asylum, Exminster, Sept. 24th 1854.

"My dear Sir,—Both cases on which I operated for tracheotomy have died : one of phthisic, the other of epilepsy. The mode of death in the latter was very instructive. It was the second case mentioned in my paper in The Lancet in 1853.—

"* * * * The wonderful change in the character of the fit I have described continued for a period of about nine months.—About that time her sister paid her a visit, and they had a quarrel about their mother's will. The day afterwards she was distinctly hysterical, and in the following night she had severe epileptic convulsions. These continued at intervals of ten minutes for about sixteen hours, when she died from exhaustion, (failure of the heart's action, I suppose,) distinctly not from coma. During the whole of this period, the tracheal opening was clear.—During each fit, the external muscles of respiration could be felt in a state of tonic spasm ; and it is probable that the diaphragm was also fixed. For a short period in each fit the respiration was completely arrested. I kept the patient sitting in an easy chair, to prevent the accumulation of mucus in the air-tubes.

"I quote from memory but have the case ready for publication.

"I remain, my dear Sir, yours very truly,

"J. C. **Bucknell.**

"Dr. Marshall Hall."

I have for some time been investigating the causes of death in convulsion and apoplectic diseases. The case of which a note has been given was evidently one of exhaustion of the vis nervosa. In this manner tetanus seems to destroy life. Each successive fit adds to the exhaustion induced by the previous ones, until the patient expires.

If two frogs be affected with strychnine, and one be excited, and the other left in perfect tranquility, the former dies, and the latter survives.

The different forms assumed by epilepsy require to be investigated—the tracheal, laryngeal, the abortive in cases in which tracheotomy is instituted, the syncopal, and not least, this of nervous exhaustion.

It is difficult to imagine how the respiration can be arrested without closure of the glottis. There are three modes, however, in which this may occur: one is, at a full expiration; the second, at a full inspiration; the third, the muscles of inspiration and the muscles of expiration being simultaneously and equally contracted.

In such cases the diagnosis must be established by observing the state of the larynx, of the neck, of the face, and of the cerebrum. In the absence of the laryngismus, the deep purple lividity and tumefaction, and the subsequent deep coma, &c., are equally absent, and tracheotomy of course hors de propos.

Much observation is still required to complete our knowledge of the forms of epilepsy.

The third document I beg to adduce, is an extract from an able note from Dr. Edwards.

"Grosvenor-street, Cheltenham, Sept. 26th, 1854.

"My Dear Sir,— * * * The effect of the operation was immediate, self-evident, axiomatic, to all present. Dr. Allardyce expressed his opinion then, and repeated it this morning, that not only were the effects such, but 'that without it the case must have been utterly hopeless.' * * *

"I may sum up here, that no fit of any severe character took place in my patient from the moment the tracheal opening was made, so long as the tube, of whatever kind or form, was kept perfectly clear, and so long as it was kept in the trachea; and that whenever a seizure of a severe character occurred, the tube was found invariably more or less obstructed.

"Slight abortive fits occurred; but these were so dwindled into insignificance, that the patient, having occasionally but a momentarily feeling, said he was quite well.

"The tube was now removed by the patient. The patient continued well until December, when he became comatose, sank, and died, the history of the attack being wanting.

"Believe me, dear Sir, very faithfully yours,

"Charles Edwards."

I have taken the liberty of abbreviating the last paragraph of Dr. Edwards' admirable note.

Dr. Edwards has done great good to the cause by a most important discovery, for which I feel deeply indebted to him. This is to be found in detail in *The Lancet* for 1858. It is, that the tracheal tube, and even the exterior tube when an interior one is withdrawn, is extremely apt to be clogged and obstructed by viscid mucus. A fit may then occur, and be as severe as if the operation had never been performed.

The case requires no commentary. Tracheotomy has saved—mind and life! What can be added to such a statement?

I will now beg your readers' attention to a few short paragraphs, embracing the principles which should guide us in the use of this heroic remedy in epilepsy; they are five in number:

First.—The treatment by tracheotomy should, as in all other cases of the use of important remedies, be founded on an accurate diagnosis; the case should be unequivocally laryngeal.

Secondly.—The case should admit of remedy; it should not have have been organic in its origin, or have sustained organic change in its progress.

Thirdly.—Not only should there be no organic diseases, but the case should not be inveterate, even if it still be one of function.

For this reason I do not think the cases already consigned to an asylum or the workhouse can offer much promise of permanent benefit from tracheotomy, or from any mode of treatment. The cases must be of such date as to present hope. They must be so severe and threatening in regard to mind or life, as to present sufficient cause or reason for the operation. It will be readily understood that I do not expect the lunatic asylum or the workhouse often to furnish cases for tracheotomy. The cases in these institutions are generally already inveterate or organic.

Fourthly.—The tracheal aperture should be ample, and be sustained unequivocally FREE.

Fifthly.—Our expectations should be reasonable; we should expect to remedy laryngismus and its effects, whatever these may be, and nothing more.

If these five principles guide us, there will be an end of all discreditable controversy; the remedy will have a fair and unprejudiced trial; we shall rejoice if it prove successful, and mourn if it prove a failure.

For myself I have only to say, that I have not, in any case in which tracheotomy has been performod, had the opportunity of forming the diagnosis for myself, having never had occasion to witness a paroxysm in any of them. I believe no proper diagnosis has been established in some of them—in Mr. Anderson's for example. And what shall I say of Dr. Andrea Verga's case? Is it not lamentable to see such things brought forward on so grave an occasion?

I fear that that will long be said of tracheotomy in epilepsy which is constantly said of other operations—as that for hernia—that when instituted, it is instituted too tardily, too late. Another observation may be made; I know positively that the operation has not generally been efficient, for want of an ampler orifice, freely sustained.

Now, let us imagine a youth attacked by epilepsy—by epilepsial laryngea; let us observe that, after a certain number of these attacks, the mind begins to fail; that there is incoherence of ideas, loss of memory, &c.; that this state of things is augmenting; that the patient is in danger of becoming a maniac or an idiot: that all other remedies have failed; that tracheotomy affords a hope. Who will hesitate to perform so simple an operation?

Or, let us imagine that, after a severe epileptic attack, the patient remains in a state of coma, his life being obviously endangered, as in the case of Mr. Cane, Dr. Herrick, Dr. Williams, &c., who will hesitate to avert this danger by performing tracheotomy? In all these three cases the danger was so averted.

I will only add, that as I understand the question better, my hopes of success become more, not less, sanguine. Only let the remedy be instituted in cases perfectly appropriate, after a just and adequate diagnosis, and in a manner perfectly efficient.

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Spina Bifida, a new plan of treatment by Mr. PAGET.

From the peculiar nature of this affection, owing to the almost invariable implication of the spinal cord, or its nervous branches, as have been satisfactorily shown by Cruveilheir, Stafford, Prescott, Hewitt, and other writers, we cannot expect that any surgical operation will ever prove successful, unless in certain cases in which the nerves of the cord have no connection with the sac of the tumor, or where very few branches are in connection with it, or where the tumor may be so small that its opening of communication with the spinal canal is in accordance with the size of the tumor itself. Of 20 cases examined by Mr. Hewett in various collections, only one was free from contact with the spinal nerves, and Cruveilheir again believes, from his dissections, that the connection between the tumor and the nerves is constant. This testimony, of course, invalidates very much against operative procedure. We shall find, however, on reference to the medical journals, that cases are occasionally cured, and many modes of treatment have been adopted with or without success; I may mention, for instance, pressure by means of a hollow pad or truss, puncturing the sac, ligature around the tumor, injections of iodine, removal, or any of these combined. Dr. Brainard, of Chicago, U. S., cured 1 out of 4 cases by the iodine injections, and Velpeau and Chassaignac have treated cases with great success by the same treatment, on the testimony of the Gazette des Hopitaux. Puncture and pressure in certain cases offer the best, and, in fact, the only means of cure.

The following case presents some points of interest in being operated upon in a totally different manner from any case hitherto recorded, by Mr. Paget, on the 15th July, at Bartholomew's Hospital. The patient was a stout, health, child, 3 months old, with a tumor the size of a large fœtal head, situated over the lower dorsal and upper lumbar vertebræ. A sub-cutaneous ligature was passed around the base of the tumor, with its two ends emerging from the superior margin of its base; these were fastened to two India rubber straps, which crossed the shoulders, and which were kept in position by a wide and long band of adhesive plaster passed around the chest. It appears that pressure upon the tumor does not in any way affect the cerebral functions of the child, and Mr. Paget concludes from this and other reasons, that the opening of communication between the cyst and spinal cord most probably is very small, and therefore favorable to the operation. His object in applying the ligature under the skin, and fasteniug the ends to the India rubber straps, is to permit of the thread cutting its way out, and thus isolating the cyst, a result likely to happen in about 14 days. Should this succeed, he will be prepared to perform another operation for the removal of the cyst. Under any circumstances, this disease is almost always fatal, and the present operation is merely an experiment which suggested itself to his mind, and he believes it may prove successful. Should it not, we are still at liberty, he says, to try something else. The child was not put under the influence of chloroform, which I candidly think was a great omission.

Since the foregoing was written, the irritation and pain from the ligature became so great as to cause the child much suffering, which ended in death four days after the operation.

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Local Anaesthesia. (*Translated from the Journal de Medecine et de Chirurgie Pratiques, for the Charleston Medical Journal and Review.*)

Experiments upon local anæsthesia are still continued both in France and England, and we do not consider ourselves too sanguine, in expressing a well grounded hope that sensibiliiy may, after a while, be locally diminished and suspended, by impregnating in some way, the external and accessible organs with vapour of chloroform. We have unfortunately not witnessed ourselves any thing decisive in this matter as yet: but in England it appears that results have been more favorable. Two important communications have been addressed to the Medico-Chirurgical Society of London, and to the Surgical Society of Ireland, which show that in these places experiments upon this subject are being rapidly pushed forward, and that a large number of physicians have already obtained very remarkable results. Thus Mr. Snow has discovered that lint (charpie) impregnated with chloroform, placed upon the skin, and covered over with a bit of oiled silk, occasions at first a degree of burning in the part; after a few moments, sensibility becomes diminished and the skin may be transfixed with pins without pain; but on pursuing his investigations, he has found that the epidermis opposes itself more or less to the anaesthetic influence, and that when it was previously removed, insensibility of the dermis was very easily determined, and it could be pierced and lacerated with impunity.

This observation is of great importance to the success of local anaesthesia; it is, moreover, in conformity with the experiments of other surgeons, and of Mr. Hardy in particular, upon *currents of anaesthetic vapors directed upon the mucous surfaces.* The effects upon these vapor *douches* have been very remarkable, and we cannot avoid making known a few of the observations communicated to the Surgical Society of Ireland by this latter physician.

We have already spoken of the instrument of Mr. Hardy, imported into France by Charriere, and by means of which the surgeon of Dublin injected anaesthetic vapors into the vagina, rectum and bladder. It is with this instrument that he has continued his experiments, and he is now in possession of a number of facts, conclusively showing the efficacy of this measure in circumstances of very varied character. Other surgeons have followed his example; thus, Dr. O'Reilly has communicated to the Society of Obstetrics many remarkable facts, and among others, the following:—A poor woman was suffering from a cancer of the rectum opening into the vagina and causing intolerable pain, against which large doses of opium had been administered. The vapor of chloroform directed upon the part, produced an instantaneous relief. It was then practicable to clean and dress the cancerous surface, a thing which its extreme sensibility had before rendered quite impossible, and this practice being continued, the patient soon found herself so much more comfortable that she was able to rise and reappear in society. An insufflation of the vapor into the rectum during fifteen or twenty minutes, sufficed to obtain abundant repose, and it was specially used for this purpose repeatedly. During three months these fumigations with chloroform have been continued, and have in no wise lost their efficacy. The patient finds herself quite improved from its use, and since its first employment there has been no necessity to have recourse to opium or any other narcotic.

Another observation, due to Dr. Ringland, is no less remarkable. A child, but two months old. was affected with a bronchite, attended with suffocation and extreme agitation, and had not slept a moment for seventy-two hours. A great number of remedies had been tried, but without the least amelioration. At length, a small quantity of the vapor of chloroform was injected into the rectum by the process of Mr. Hardy. After an interval of less than a quarter of an hour, the child became calm, and fell into a profound sleep, which lasted for two hours. When it awoke, it took the breast, which it had constantly refused before its sleep. The employment of the anaesthetic vapors was resumed and shortly afterwards the child fell once more into a deep sleep. It was necessary to awaken it after several hours to give it the breast. This process was repeated several times and conducted to a complete cure.

A few days since, says Mr. Hardy, a physician was speaking to me of a woman who was suffering from a violent pain in the ear. She was unable to procure a moment of repose, notwithstanding the use of numerous remedies. Finally it was resolved to apply a *douche* of chloroform to the meatus. After the lapse of ten minutes the pain ceased, and the patient slept profoundly. The following day she was troubled with a return of the pain, which, however, yielded immediately to a renewed application of the vapor. Mr. Hardy has observed a case precisely similar; the patient had introduced into the meatus, some cotton steeped in chloroform, without other effect than a sensation of heat. The same substance employed in vaporous *douches*, calmed the pain entirely after about eight or ten minutes, and no further uneasiness was experiened.

In a case of tetanus, a couple of these instruments have been used, to apply the douche to both masseters at once, and in a short time it was possible to open his mouth.

But M Hardy has not restricted himself to the application of these douches to small surfaces; he has invented an apparatus which emits these vapors, either with or without admixture of warm water, in such a manner to maintain in contact with them a large surface of the skin at a time. An aneurism of the popliteal artery first suggested to him the propriety of modifying the instrument which had so well succeeded upon a small scale and upon surfaces of a limited extent. The tumour in this case was treated by compression, and the pain resulting from the process was such that the patient was utterly unable to a low the bandaging to remain in situ. M. Hardy then bethought himself of an instrument constructed upon larger proportions than the first. By its means veritable vapor baths can be administered, nd if it be desirable to act with vigor, a whole member, the pelvis, abdomen, or chest can be entirely enveloped. M. Hardy promises himself important results from the application of these vapors of chloroform, in a host of affections now happily modified by means of poultices, fomentations, embrocations, &c., methods far less powerful than the anaesthetic vapous, associated or not with water or other medicates.

Many members of the society have also declared that these vapor, douches had very well succeeded with themselves. and one makes mention of the ablation of a finger, without pain to the patient.

If we may judge of the matter, by the two communications above cited, this meʇɥod is teceived with much favor in England, and we may soon expect more important results.

Suture of Tendons. By M. CHASSAIGNAC.

Our readers may recollect a case of successful tenoraphy practiced by Professor Sedillot of Strasbourg, which was reported in a late number of this journal. In the Compte Rendu de la Societe de Chirurgie de Paris, for April, 1854, we find a second case in which this operation was successfully performed, and which appoars to us worthy of being brought to the notice of the profession.

It relates to a girl of sixteen years, who, in Nov , 1853, fell on a piece of broken glass, and received a transverse wound on the anterior aspect of the lower part of the fore arm, which, after suppurating for a time, cicatrized.

Some months subsequently the patient entered the Hospital St. Antoine with the inability to flex the index finger. It was found that the inferior end of the tendon which had been divided was attached to the cicatrix of the wound already described, and that when this cicatrix was moved, the index finger moved also. On the fourth of February, M. Chassaignac laid bare the flexor tendons, by dissecting a rectangular flap of integument from the forearm, and passed a suture through the divided portions of the flexor of the index finger. The flap was then replaced and secured by stitches, and the hand was strongly flexed. In a fortnight the wound had united, and the patient left the hospital with the perfect use of her finger. The ends of the tendon were not refreshed. This fact, when considered in connection with Dr. Mayo's case of rupture of the ligament of the patella, and our observations on tendinous ruptures in the first number of the present volume of this journal, leads to the conclusion that exact apposition is all that is necessary for the re-union of divided tendons, even when separation has existed for a comparatively long period.

BOOK NOTICES.

Bernard & Robin on the Blood, by Atlee. Philadelphia: Lippincott, Grambo & Co., 1854: from the Publishers.

Dr. Atlee has published his notes of M. Bernard's lectures during the winter of 1853—54, with an appendix, containing some notes of the lectures of M. Charles Robin, on the anatomy of the blood, of the blood vessels, and of the parenchymatous organs.

In looking over this little book, we find but little that is really new to American readers. The numerous letter writers at Paris during the last few years have kept the profession well informed in reference to the improvements in French science, and there seems to be but little wanting, except a systematic arrangement and classification of the facts which have been floating in our periodical literature. This, so far as the blood is concerned, we were prepared to expect in Dr. Atlee's book. Such however is not the case, perhaps necessarily from the fact that the notes were hastily taken at the time of the lectures. There is however an abundance of interesting facts, many of them of much practical value. A few of these we shall notice. Our readers are aware that one theory of the circulation is based on the hypothesis, that the blood receives an increase of temperature while passing through the lungs. This, we believe, is the fundamental idea of the *filia nata jovis* of Dr. Cartwright, although the Dr. himself repudiates the doctrine on this subject. We quote the following:

> "While at the extremities the temperature varies, for certainly it is lower in the fingers in winter than in summer, in the heart it is fixed. In the right ventricle it is higher than in the left. The contrary was long supposed to be the fact, from the experiments being made on the animal after death, when the heat was leaving the body, and the right ventricle being thinner than the left, of course it cools faster. The heart being withdrawn from the body, put a thermometer in each ventricle, and place the or-

gan in water at 40° Centig, the thermometer will stand at 40° also; then remove it and leave it in a temperature of 16°, and in a short time there will be a difference of 6° in the two instruments. The difference of temperature then noted by these experiments was not owing to a difference previously existing in the blood. M. Bernard last summer experimented upon at least a dozen animals while yet alive, the instruments being passed into the brachio-cephalic artery and into the descending vena cava. The same thermometer was used, for fear of the possibility of a slight difference in instruments, and the experiment was varied in every possible way. The temperature was always higher in the right ventricle, where it was 39° or 40°. The difference (and the thermometer used was graduated to the hundredth of a degree) was never more than one-half or one third of a degree. As will be seen hereafter, the maximum of temperature is in the portal vein. This diminution of temperature is owing to the air, which cools the blood; when it does so in the fingers, why should it not do so in the lungs. M. Bernard has made his experiments in the summer when the weather was very warm, and will repeat them in order to see if there be a diminution, proportionate to the temperature of the air. To resume; the blood of mammiferous animals is warmer in the veins than in the arteries; in the portal vein, than in the aorta."

In reference to the coagulation of the blood we find the following:—

"In some circumstances the blood coagulates with great difficulty, as after certain poisons, and in animals exhausted by fatigue; and cold produces the same effect. If an animal be made to die slowly by cold, and just before death some blood be taken, it will scarcely coagulate. M. Bernard does not know what becomes of the fibrine in these cases, but notices the fact. When blood is taken from cold-blooded animals in the winter, it coagulates with great difficulty, and sometimes not at all; when taken in the summer it coagulates perfectly.

M. Bernard thinks that this coagulability is connected with the respiration, with the animal temperature; that it is proportionate to the elevation of temperature, as is shown by observations on birds, mammiferous animals, &c., and also, that in the individual, it is influenced by cold."

Is seems to us that we may account for the phenomena here observed on the hypothesis that fibrine is produced in the process of secondary assimilation and that it sustains to certain tissues the relation of excretable material, while to other structures it may subserve the purpose of nutrition. The manner in which excretions retained in the system through functional or organic lesion of their proper organs are finally removed, is beautifully shown in the following experiment:

> A singular fact noticed after the removal of the kidneys is this. In twenty-four hours about six grammes of urea and uric acid are produced in an animal, and yet if you bleed at the end of twenty-four hours after the operation, you will still find them to be in very feeble proportion in the blood. Where is it eliminated in these early times of the operation? It is in the intestines, and particularly in the gastric juice, as a fistula in the stomach of a dog enabled M. Bernard to demonstrate. Before the operation there was none in what issued from the opening, and immediately after there was. After remaining for some time in the intestine, the urea changed into ammonical salts, and what is strange, the gastric juice continued all the time to be secreted. When substances generally eliminated by the kidneys were injected into the blood, they were found in the stomach. In lower animals where there is no kidney, it is in this manner that the elimination always takes place. This operation does not much enfeeble the animal. He vomits, and has diarrhœa, and at last, when enfeebled from not eating, he becomes sick. At this time the urea is no longer eliminated by the intestine, and you find much in the blood. And thus, in individuals affected with disease of the kidneys, you often see vomitings and derangement of digestion, owing to the urea being thrown into the intestines, and there undergoing change into ammoniacal products. In diabetes you find very little urea in the urine, and M. Sigalas gave urea to such patients in the expectation of finding it there, but he did not find the quantity to be increased; it was transformed into ammoniacal products.

M. Bernard goes on to examine the blood of the portal system, and the circumstances modifying it, the notes however contain but little if anything that is new. His discovery of the function of the liver as a manufactory of sugar is dwelt upon at some length.

M. Robin has until quite recently denied that the red corpuscles of human blood ever contain nuclei; he has however recently discovered them in the blood of a very young human embryo. In the following letter to the author, Dr. Atlee, he makes the announcement.

> "Since your departure, I have had the opportunity of obtaining four human embryos, perfectly fresh; their lengths were 8 milli-

metres, 16 millimetres, and 25 millimetres. I made some interesting observations upon them, relative to all their tissues, and particularly to their blood. I send you, here, the *resume*, which you can translate and publish, if you think proper.

"The majority of the red globules of the blood of embryos are from 8 to 12 milliemes of a millimetre broad, and some of them are even 13 and 14 milliemes. The most of them also have one, or rarely, two nuclei. These nuclei are spherical, finely granular, from 3 to 4 milliemes of a millimetre broad; but the globules of the blood are *bi-concave* as the globules of the adult. In embryos, 25 millimetres long, already *not more than one half* of the globules have a nucleus, the others have no nucleus, and are of about the same size as the globules of the adult, that is to say 8 milliemes of a millimetre. The nucleus is rarely in the centre of the globule, but almost always a little to the side of the central concavity of each face, and they do not prevent the globule from having the flattened form of the globules of the adult. These globules fold upon themselves, or become dentated; with the greatest facility, as soon as the serum is a little changed. At the same time many among them take an ovoid form, but not at all an oval-flattened; a fact which easily distinguishes them from those of fish and of reptiles, which are oval and flattened. This form, which M. Vance told me he had seen with a professor of Vienna, does really exist, but it is an accidental deformity, taking place with facility from alterations in the serum, in the same way as the foldings and other irregularities of which I have spoken.

"The globules of the embryo, seen in a serum unchanged or but slightly modified, are elastic, and resume with rapidity their form, when, having been deformed by compression, they cease to be compressed. They often assume a very elegant form, when they are accumulated and reciprocally compressed.

"The nuclei of the red globules are unaffected by acetic acid and water, but the mass of the globule is affected as that of the globule of the adult.

"I was able to verify with ease, on these embryos, that the red globules are in no way derived from the white globules, which act very differently, have another structure, &c.

"In embryos from 40 to 50 centimetres (millimetres ?) long, the globules have already the volume, which they will always have, and no longer have nuclei. The ovoid form of which I have spoken above is generally less regular than those I have represented."

In a note on tubercle a brief but clear description is given of the microsposic character of the tubercular corpuscle.

"These corpuscles are bodies slightly irregular on the surface, and containing no nucleus. They are polyhedric, either of equal diameters, or elongated; when elongated, they are not flattened. Their borders are dentated, and in the centre are many granulations, contained in an amorphous mass. Their diameter is from 0.007 to 0.009 millimetres, very rarely 0.010; that is to say, though such almost always exist in a specimen, they are few in number. They are very rarely rounded; when nearly so you find them slightly dentated. Their contour is well marked, quite dark. Water has no action upon them; acetic acid pales but does not dissolve them: this it is important to note, for it is thus easy to distinguish them from nuclei of any kind, for all nuclei except those of cancer are rendered darker by it. The corpuscle contains no nucleus itself, and thus can easily be distinguished from concrete pus-globules, in which acetic shows at once the nuclei.

"In addition to this, the corpuscle of tubercle is much less paled.

"Their structure is simple, an amorphous matter sprinkled with granulations. In some are found fatty granulations, that could be taken for nuclei."

In conclusion we must say that we are disappointed in the work. Perhaps we should be equally disappointed should we listen to the lectures of M. Bernard himself. It is to what an author writes, not to what he says that we must look for a correct exponent of his views.

Men are comparatively careless both of method and fact, when there is no record of their language, for this reason if for no other, we would be glad to see our public teachers write their lectures. The might possibly be less imaginative and adorned with fewer rhetorical beauties, but we think they would be more accurate and more systematic in their arrangement; two qualities of essential importance to the student.

A Treatise on Diaphragmatic Hernia:—Being an account of a case observed at the Massachusetts General Hospital followed by a numerical analysis of all the cases of this affection found recorded in the writings of medical authors, between the years 1610 and 1846. By Henry G. Bowditch, M.D., one of the physicians to the Massachusetts General Hospital; member of the societies for medical observation of Paris and Boston. Buffalo, printed by Jewett, Thos & Co, 1853.

This is the title to a monograph of 77 pages, which first appeared in the Buffalo Medical and Surgical Journal. It is printed in good style and contains a detailed analysis of all that is at present known in reference to the rare and interesting form of hernia, of which it treats. The whole number of cases of diaphragmatic hernia which the author has been able to collect from the records of the last 250 years, is 88, one of which was observed by himself in the Massachusetts General Hospital.

This fact shows clearly enough, that hernial protusions through the diaphragm are of very rare occurrence. Of 68 cases, 26 were congenital, and 42 from accidental causes or injuries.

For obvious anatomical reasons, the hernia occurs in the *left* side of the diaphragm much more frequently than in the right.—Thus of 62 cases, 41 occurred on the left side, 18 in the right and three in both sides. Of 70 cases in which the sex is given, 53 were males and 17 females. Of the 26 congenital cases, 11 died within two hours after birth, 6 within two years, 1 at seven years, and 8 not until the adult age. Of 31 accidental cases death took place instantaneously in 4; within 24 hours in 12; within one week in 7; within one year in 5; two years and upwards 3 cases. One of the latter lived 88 years. The essay does our industrious friend, Dr. Bowditch, much credit; and we are sure it will be read with interest by all who seek an acquaintance with the rare things of our profession. D.

MEDICAL NEWS.

Æsculapian Medical Society.

The annual meeting of the Æsculapian Medical Society was held in the Baptist Church in Paris, Ills.. Oct., 18th, 1854: the President, Dr. CHARLES JOHNSON, in the chair. One of the censors being absent, Dr. S. York was nominated and elected to fill his place.

The committee appointed to revise the Constitution not being prepared to report, were continued until next meeting.

On motion the following gentleman were respectively proposed as permanent members of the Society: Drs. D. W. Stormont, James M. Steele, Charles A. Hunt, B. B. Everett, T. M. Smith, J. S. Richmond, each of whom, after being examined and recommended by the censors, was by a unanimous vote received.

On motion of Dr. Logan, the Society proceeded to the election of officers for the following year, when the following gentlemen were elected: Dr. Thos. D. Washburn, President; Dr. S. York and W. B. Duffield, V. Presidents; Dr. F. R. Payne, Secr'y; Dr. C. L. Duncan, Treas'r; Drs. Chas. Johnson, S. York and F. R. Payne, censors.

On motion, the Society adjourned to meet at 7½ o'clock P. M.

In the evening the Society met and the newly elected President was conducted to the chair. According to previous notice a respectable number of ladies and gentlemen had assembled to hear a public addess. The President introduced to the audience, Dr. S. York, who spoke in a very able and interesting manner upon the causes and nature of Quackery. After the address was delivered the audience retired.

On motion, the Secretary read a case of Strangulated Hernia, reported by Dr. S. Thompson, which was treated successfully with the knife. Also, an interesting letter addressed to the members of the Society, written by Dr. S. Thompson.

The Society then adjourned to meet at 8½ o'clock to-morrow morning.

MORNING SESSION.

On motion, the Society ordered the Treasurer to pay $16 out of the funds of the Society for the publication of Dr. F. R. Payne's address.

The reading of essays and report of cases being in order, Dr. C. A. Hunt read an able and interesting paper on "the consideration of fever in a new nosological position."

Dr. S. W. Thompson read a valuable paper on "the history of epidemic Ileo Colitis as it prevailed in Fairfield, Wayne co., Ills.," which elicited much discussion.

Dr. T. D. Washburn reported a case of Puerperal Fever."

Dr. Hamilton reported a case of complicated "Abdominal abscess."

On motion of Dr. Logan, the following resolution was unanimously adopted.

Resolved—That the hireling system is highly derogatory to the character of the Profession, to individual physicians, and detrimental to the best interests of society at large, and that it is incumbent upon all the members of this Society to use all honorable exertions to discountenance and discourage the longer continuance of said practice in our noble profession; further resolved, that it will be expected and required of each member of this society, who may heretofore have engaged in this practice, to discountenance it as soon as present engagements are fulfilled.

On motion of Dr. Logan it was unanimously

Resolved—That in the death of Jacob Lusher, this society has lost an able and efficient, honorable and worthy member; the Profession in the Wabash Valley an experienced and successful practitioner; the community a worthy and valuable citizen.

Resolved—That we deeply sympathize with the relations of our deceased brother.

Resolved—That a copy of these resolutions be furnished to the relations of the deceased by the Secretary.

On motion, resolved that Drs. Chas. Johnson, S. York and C. A. Hunt, be appointed a committe to prepare a memorial and pe-

[illegible] sions.

On motion of Dr [illegible] Society [illegible] L. [illegible] H. R. Pa[illegible]

On motion the Society adjourned to meet at 1½ o'clock, P. M.

EVENING SESSION.

On motion, Drs C. Johnson, S. York and W. R. Padfield were appointed delegates to the National Medical Convention, to be held in Philadelphia next Spring.

On motion the following delegates were appointed to attend the State Medical Society—Drs. J. M. Logan, A. W. McClure and H. R. Payne.

The following gentlemen were appointed to read essays at the next meeting of this Society—Drs. A. W. McClure, H. W. Davis, H. R. Payne, C. L. Churchill, J. S. Richmond, J. D. Mitchel and D. W. Stormont.

On motion, Dr. J. S. Richmond was appointed to deliver a public address at the next meeting of the Society.

On motion of Dr. Duncan,

Resolved—That the thanks of this Society are hereby tendered to Dr. S. York, for his able and interesting address; and that Drs. Davis, McClure and Hunt are hereby constituted a committee to solicit a copy of the same for publication.

On motion of Dr. S. W. Thompson,

Resolved—That the thanks of the Society be returned to Dr. C. Johnson for his able and impartial conduct as President of this Society for the past year.

On motion of Dr. Johnson,

Resolved—That the thanks of the members of this Society are cordially tendered to the trustees of the Baptist Church of this place for the use of their house during the various sessions of our Society.

On motion, the Secretary was requested to furnish a cop
proceedings of this meeting to the editors of the Paris

shall papers, Vincennes *Gazette*, and North-west Medical *Journal*, and that they be requested to publish the same.

The town of Marshall was selected as the most central point for holding the future meetings of the Society.

On motion, the Society adjourned to meet at Marshall on the 3d Wednesday in May next.

T. D. WASHBURN, M.D., *President*.

F. R. PAYNE, M.D., *Secretary*.

EDITORIAL.

Clinical Instruction.

In a recent number of the *Journal* we made some observations on the subject of Clinical instruction, calling in question the correctness of the often repeated assertion, that we have no *true clinical teaching* in the Hospitals of this country.

It seems that our remarks called out comments in the November number of the Peninsular *Journal of Medicine*, published at Ann Arbor, Michigan. Of the nature of these comments we have no knowledge, as that number of the *Journal* has never been received by us. But in the December number of the same journal, we find an editorial explaining more fully the writer's "views upon the subject of clinical instruction, and the manner in which it should be pursued."

That we may not misrepresent, we quote from the *editorial* in question as follows, viz.:

"In order to accomplish all these purposes, we can readily see what will be necessary.

"A visit to a patient with an acute disease, once or twice a week, will by no means suffice, however careful the examination, and full the opportunity of observing, at the time, may be. Neither will a daily visit accomplish the necessary purposes, unless the student has a full opportunity for a close personal inspection of the patient, and his various conditions, and has time to enquire into the effects of the medicine—and in short, every circumstance and condition of the case. The countenance must be observed—the tongue seen—the pulse felt—the condition of the skin noticed—the chest percussed—the breathing listened to—the pupils inspected—the excretions examined, &c.

"And further than this, the management of the sick room should be studied—the conduct of the nurse, the deportment of attendants

—the whole system of management of the mind, so important a part of correct treatment—the mode of using bathing, frictions, &c., and of preparing and administering food and medicines, must receive attention.

"It is also important, in true clinical instruction, that the student should see patients of a class, and under circumstances similar to those with which he will meet in practice. All must see that all these things are essential to correct clinical instruction of the highest kind.

"Now, we ask, are these circumstances possible—can these things be done in a hospital, in *any* hospital, on this or the other side of the Atlantic—in Paris, in London, in New York, in Philadelphia, in Cincinnati, or in Chicago? In the very nature of the case, the thing is impossible. In hospitals of large cities, we meet with a class of cases very different in their aspects and tendencies from those which are met with in respectable private circles, and especially from those met with in the country; and students receiving their only impressions of diseases from such sources, will be greatly at fault in their management, when they meet with cases of a class so very different, and under circumstances so completely changed."

What a pity it is that our learned editorial *confrere* at Ann Arbor, had not enlightened the profession on this subject, a few years earlier. Had it been known earlier that the "circumstances" necessary for profitable clinical instructions, were altogether "impossible" in the Hospitals, not of America alone, but in those of "London and Paris" also, it might have saved many a poor fellow the necessity of spending his last dollar to cross the ocean and gain access to the wards of those Hospitals. Again it might have preventedthe assembled wisdom of our profession, as embodied in the American Medical Association, from committing so grave an error as to recommend and re-recommend from year to year, that the attendance on *Hospital* clinical instruction for at least one term, should be considered a *necessary* part of medical education, one o the requisites, indeed for admission to an examination for the degree. It is an old saying that "necessity is the mother of invention;" and who knows but the entire absence of a Hospital at Ann Arbor, constituted *the necessity* which determined the grand discovery announced in the last paragraph quoted above? But seriously, let us examine somewhat carefully the positions assumed so confidently by our worthy friend and co-laborer. And in doing so, our readers will excuse us if we leave the Hospitals of Paris, London, Philadelphia, New York, &c., to take care of themselves, while we draw our illustrations directly from the one with which we are more immediately connected at Chicago. What then are the circumstances claimed to be necessary for true and proper clinical instruction? First, the student must have opportunity for a close personal inspection of the patient. "The countenance must be observed—the tongue seen—the pulse felt—the condition of the skin noticed—the chest percussed—the breathing listened to—the pupils inspected—the excretions examined, &c." This is right, perfectly so, and just what the students visiting the wards of Mercy Hospital in Chicago, *actually do* every morning. They are brought immediately around the bed of the patient; they not only observe the countenance, but their attention is called to each lineament and item which contributes to make up the sum of its expression; they not only see the tongue, but their attention is directed to each of its peculiarities; they feel the pulse and the skin; they auscultate the chest; and they inspect the excretions Take, for example, the actual clinical lesson for this morning. After noting briefly the progress of some cases fully examined at a previous visit, they come to the new cases for the morning. They first surround a man brought to the Hospital two days previous with typhoid fever of moderate severity. He is in the third week of the disease, having been but little interfered with by medicine of any kind. The history of his case is explicitly stated; all its diagnostic symptoms are fully examined; the changes, both general and local, which are supposed to have taken place are pointed out; then the indications for treatment, and the particular means for fulfilling them. They individually examine the countenance, skin, tongue, pulse, respiration, abdomen, and excretions. They feel of the rotund and tympanitic abdomen, and in this case see a few well marked *rose* spots.

Having finished this case they passed to another case. He too has typhoid fever, but farther advanced, tongue entirely dry, legs covered with purpuric spots, chronic abscesses forming in the cellular tissue. They examine this case with the same care as the ther. Though the same form of fever, their attention is called particularly to the difference between the two, and the corresponding variations in the therapeutic indications. From this they go to a third case of the same disease. It is a young man in the early part of the second week of the disease. The fever is well marked but mild and very favorable in its progress, but they find the *rose spots* thickly covering the whole abdomen and chest. The hour is past and the class are dismissed. Here they have had the most perfect access to three cases of typhoid fever, each illustrating a particular stage and grade of the disease. They have examined them personally, their attention being specially directed to the diagnostic symptoms and pathological conditions. They will note from time to time the progress of these cases until their final termination either in convalescence or death. But before these have gone from the wards, others of the same disease will come, and during the term they can examine and compare almost every form and stage of the disease. The same thing is equally true of the other forms of fever and dysentery, as well as the various local inflammations. It is only yesterday morning that we called the attention of the last division of the class to five cases of dysentery in the same ward and almost side by side.

One was a recent and active case, two had just passed into a chronic form succeeding acute attacks, and the other two had existed three or four months presenting the extreme emaciation, enemia, and edematous legs, which accompany the long-continued ulceration of the mucous membranes. It is but a few mornings since that we had grouped together at one time and in the same ward, three cases of opthalmia, one of slight conjunctivitis another of scrofulous inflammation of the tarsus of the eye-lids, and the third severe scrofulous cornietis with ulceration. As the peculiarities of each were pointed out the diseased eyes were subjected to the direst personal examination of each student. For another clinical group we had, not long since, cases of scabies, chronic exzema of the face and erysipelas of the face all under examination and treatment at the same time. We have now in the wards patients with pulmonary tubercular deposits in almost every stage from crude primary tubercles, to complete suppuration. These have been several times carefully auscultated personally by each member of the hospital class, thereby accustoming their own ears to the variations of respitatory manner, vocal resonance, &c., which accompany this disease. The clinical lessons here alluded to are not selected ones, but simply such as have actually occurred within the last few days. They are sufficient however, to show, that the very circumstances and conditions set forth by the editor of the *Peninsular Journal* as necessary for true clinical instruction, are not only found in hospitals, but found there in a much greater degree of perfection than anywhere else in the world.

For where else is it posible to procure for the student that freedom of access to the patient for personal examination, and to such a number and variety of patients as shall illustrate not only different diseases, but also different forms and stages of the same disease? Our friend at Ann Arbor says that they are to be found "in every town, in every hamlet, in every country side' where there is an intelligent and well educated practitioner."

And again he says "*our position is, that private clinical teaching is most useful.*" Will Prof. Palmer, the author of the editorial in the Peninsular Journal, frankly tell us how many times, during his Professional life of 15 or 18 years, he has actually taken a Student to the bed-side of a respectable patient in private practice, and there detailed to him "the previous history of the disease and of the patient—the class of persons to which he belongshis individual peculiarities and tendencies—the circumstances with which the case is surrounded, &c.;" then make "a full *diagnosis* in the presence of the patient, pointing out and illustrating the means by which it is arrived at;"—also "the *special pathology* of the case—the indications of treatment, and the means by which those indications are to be fulfilled;" in the mean time allowing the student to *observe the countenance, see the tongue, feel the skin and the pulse, percuss the chest, listen to the breathing, and examine the excretions*, &c. ?—And all this not once for the same patient, nor once in "*three or four days*," but *daily* from the beginning to the end of the case? Such an exercise would require the practioner to give a familiar lecture of, at least, half an hour directly over the patient. The simple statement of the question carries with it an obvious answer. Neither

Professor Palmer nor any of his colleagues have ever attempted such a task twice in their lives. They doubtless have occasionally taken a favorite pupil to see a patient with them, and allowed him to glance at the patient's tongue, feel the pulse, and look at the discharges; possibly also he has been allowed for one single time to put his ear upon the chest; and after retiring from the house a desultory conversation has been carried on in regard to the case,—we have done so, many times, and have doubtless thereby benefited to some extent our pupils. But this falls far short, in every respect, of what the Ann Arbor editor has himself described as constituting true Clinical Instruction; and equally far short of the Clinical instruction given in the Mercy Hospital every morning. It is very easy to talk about *Private* clinical instruction; and such *talk* may serve the special purpose for which it is designed, namely, to satisfy the medical students at Ann Arbor that they must look to their private preceptors, instead of the Faculty of their State University, for this most important department of medical instruction. How much of it, they will ever actually get in the several "hamlets and country rides," of Michigan, the experience of the last eighteen centuries and the common sense of every reader can easily estimate. But our friend Palmer betrays a great want of appreciation as to what *kind* of clinical instruction the student needs, when he talks about his watching "at the bed-side with *book in hand*," like a Homœopath looking for the correspondence between the symptoms of his patient and those of his supposed remedy. The very first clinical lesson he needs, is to be taught a systematic and thorough *method* of examining patients and diagnosing diseases.

He needs to be taught *how* to observe, and *what* to observe—to have pointed to him on the living patient the *import* and *value* of individual symptoms, their connections with and dependencies on each other; things which he cannot acquire except under the immediate direction of a prompt and thorough clinical teacher in the immediate presence of a variety of patients. This want of appreciation on the part of the Editor, is further shown by his quotation from Prof. Flint of Paris. To confound the *wants felt* by an experienced physician and teacher, who is abroad seeking for every thing relating to the minuter details of medical science and philosophy, with the *wants* of the student preparing to enter on the active duties of his profession, is to betray at least want of reflection. His remarks about the absence of *proper time* for attention to clinical instruction during the college terms, would have some force were it not for the fact, that so long as the present system of education continues *it must be attended to then or not at all.* But the fault here is not with the clinical instruction or the hospitals, but with the arrangement of the college terms. Few are more conscious of the defects in the present general system of medical education than we; and none have labored more diligently to remedy those defects. It will in no wise aid the good work, however, to have our Michigan friends array themselves against one of the most important departments in the whole system. It would be far better to relieve themselves at once from their false position by transferring the medical department of their University to Detroit, where they could do justice to the students of their own state by having access to Hospitals. If this was done we should hear no more about the worthlessness of Hospital Clinical Instruction.

D.

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The caption to the first article in the present number of the journal, should have stated that the paper of Dr. Thompson was read before the Esculapian Medical Society, and forwarded for publication by the Secretary in accordance with a vote of the Society.

The article we promised to give in this number, on Epidemic Jaundice, is deferred to make room for other communications.

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Close of the Volume :—The present number closes the third volume of the New-Series of the North-Western Medical and Surgical Journal. The Journal has for several years been established on a firm basis, and has a wide circulation.

Owing to some temporary obstacles, the issue of the Journal has been more irregular during the past year, than we could have wished.

This source of annoyance however, will cease with the commencement of the new Volume. The present is a favorable time for subscribers who are in arrears, to pay up, and for new ones to forward their names and their money.

But hereafter all communications and letters relating to the ournal should be directed to Dr. N. S. Davis, Chicago, Ill.